

# 2020 USA Registration Form

Please complete this form in CAPITAL LETTERS in black ink.

1. Student Details	
Family Name:	
First Name:	
Date of Birth (MM/DD/YYYY):	Gender:
Country of citizenship:	
Country of birth:	
City of birth:	
Student Home Address:	
Country: Post Code:	
Tel:	
Email:	
Any additional learning support needs? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, please give details:	

2. Emergency contact	
Contact Name:	
Relationship to student:	
Telephone:	
Email:	

3. Visas	
<input type="checkbox"/> F1 Student Visa	<input type="checkbox"/> F1 Transfer (current school: _____)
<input type="checkbox"/> Tourist Visa (B1, B2)	<input type="checkbox"/> Visa Waiver (no visa) <input type="checkbox"/> Other
Do you require International Courier? Yes: \$80 <input type="checkbox"/> No <input type="checkbox"/>	

4. Which center and when?			
Boston	<input type="checkbox"/>	Chicago	<input type="checkbox"/>
San Diego	<input type="checkbox"/>	San Francisco	<input type="checkbox"/>
Course Dates:			
Start date	Month:	Day:	Year:
End date	Month:	Day:	Year:
Number of weeks:			

5. Which Course?			
	Essential (20 lessons)	Standard (25 lessons)	Intensive (30 lessons)
General English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOEFL Preparation*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business English*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cambridge ESOL Preparation*	B2 First	<input type="checkbox"/>	<input type="checkbox"/>
	C1 Advanced	<input type="checkbox"/>	<input type="checkbox"/>
Professional Certificate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University Pathways	University Preparation Course	<input type="checkbox"/>	<input type="checkbox"/>
	University Placement Service	<input type="checkbox"/>	
Unlimited Package (please also indicate 1 <sup>st</sup> course above)		<input type="checkbox"/>	
If booking Unlimited Package, do you want to include CPA*			Y <input type="checkbox"/> N <input type="checkbox"/>
One-to-One English	Number of lessons: <input type="checkbox"/>		

6. Current Level of English (estimate if unknown)			
Beginner	<input type="checkbox"/>	Elementary	<input type="checkbox"/>
Pre-Intermediate	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>
Upper Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
		Proficiency	<input type="checkbox"/>

7. Insurance	
Do you need medical insurance?	Yes: \$25 a week <input type="checkbox"/> No: <input type="checkbox"/>

8. Use of Representatives	
Have you used an Educational Representative during your application?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (go to section 9)
Name of Representative / Agency:	
Branch:	
Name of contact at Representative / Agency:	

9. Accommodation available Sunday - Saturday	
Do you want the center to arrange your accommodation?	
Yes: <input type="checkbox"/> Number of weeks: <input type="text"/>	No: <input type="checkbox"/> (go to section 10)

Please refer to the pricelist for options available in each center.  
Accommodation is subject to availability at the time of receipt of full fees.

9a. Accommodation	
Choose your accommodation type:	Homestay: <input type="checkbox"/> Student Residence: <input type="checkbox"/>
Choose your room type:	Single: <input type="checkbox"/> Shared: <input type="checkbox"/>
Residence name:	

10. Other Requirements	
Are there any foods you do not eat?	Meat: <input type="checkbox"/> Pork: <input type="checkbox"/> Nuts: <input type="checkbox"/>
Other (please specify):	
Are you happy to live with a family with young children?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you smoke?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have any health concerns that you would like to make us aware of?	Yes: <input type="checkbox"/>

If you have answered 'yes' to the above question Stafford House will send you a separate document Medical Information Disclosure Form to complete.  
We are required to obtain consent to process medical information. If the student is under 18 we will ask for parental consent to process this information and this form must be completed before arrival. Please note that Stafford House reserve the right to make changes to a student's course and accommodation if this form is not returned or something is later discovered upon arrival at the school.

11. Transfers	
Do you need an airport transfer?	No: <input type="checkbox"/>
Yes: <input type="checkbox"/> My arrival airport is:	Arrival date:
Arrival time:	Flight number:
Yes: <input type="checkbox"/> My departure airport is:	Departure date:
Departure time:	Flight number:

12. How much will you pay now?	
<input type="checkbox"/> I will pay all registration, tuition and accommodation fees now.	
<input type="checkbox"/> I will pay a deposit of \$150 now	

13. Declaration	
I have read and understood the Stafford House International Terms and Conditions. I accept them willingly to the exclusion of all other terms and conditions. Terms and conditions can be found at <a href="http://www.staffordhouse.com/terms">www.staffordhouse.com/terms</a>	
Signature	Date

Please return this completed Registration Form by email to: [admissions@staffordhouse.com](mailto:admissions@staffordhouse.com)

School Closure Dates

1 Jan, 17 Feb, 25 May, 3 Jul, 7 Sep, 26 Nov, 27 Nov, 24-25 Dec, 31 Dec 2020 - 1 Jan 2021

\*Minimum Level: Upper Intermediate