2020 UK Registration Form





1. Student Details					7. Use of Representatives	
Family Name:					Have you used an Educational Representative during your application?	
First Name:					Yes No (go to section 8)	
Date of Birth (MM/DD/YY	YY):	Gender:			Name of Representative / Agency:	
Country of citizenship:					Branch:	
Country of birth:					Name of contact at Representative / Agency:	
City of birth:					2 Assummedation will be a located	
Student Home Address:					8. Accommodation available Sunday - Saturday	
					Do you want the center to arrange your accommodation?	
Country: Post Code:					Yes: Number of weeks: No: (go to section 10)	
Tel:						
Email:					Please refer to the pricelist for options available in each centre. Please mark your FIRST choice with 1 and SECOND choice with 2.	
Any additional learning support needs? Yes: No:					For students wishing to study in more than one location, please specify	
If yes, please give details:					your accommodation preferences in all locations.	
					Accommodation is subject to availability at the time of receipt of full fees.	
2. Emergency conta	ıct				9. Accommodation	
Contact Name:					Choose your accommodation type: Homestay: Superior Homestay:	
Relationship to student:					Standard Student Residence: Premium Student Residence: Student House:	
Telephone:					Residence name:	
					Choose your room type: Single: Twin:	
Email:					Choose your meal plan:	
3. Visas					Self Catering: Bed & Breakfast: Half Board: Full Board:	
Do you need a student visa fo	or this course?	Yes:	No:		10. Other Requirements	
Your Passport number: Expiry date:					Are there any foods you do not eat? Meat: Pork: Nuts:	
Tour rassport number.		ехрігу цаге.			Other (please specify):	
4. Which centre and	d when?				Are you happy to live with a family with young children? Yes: No:	
London Cambridge Brighton Canterbury				ury	Do you smoke? Yes: No:	
Course Dates:					Do you have any health concerns that you would like to make us aware of? Yes:	
Start date Month:		Day:	Year:		If you have answered 'yes' to the above question Stafford House will send you a separate document Medical Information Disclosure Form to complete.	
End date Month:			Day: Year:		We are required to obtain consent to process medical information. If the student is	
Number of weeks:					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	
cha					changes to a student's course and accommodation if this form is not returned or something	
5. Which Course?					is later discovered upon arrival at the school.	
	Essential Essent	ial Standard	Intensive	Super Intensive	11. Transfers	
	(20 lessons) FLEX	(25 lessons)	(30 lessons)	London only	Do you need an airport transfer?	
Cananal Familiah				(35 lessons)		
General English					Yes: My arrival airport is: Arrival date: Arrival time: Flight number:	
Business English**					Yes: My departure airport is: Departure date:	
(London only)					Departure time: Flight number:	
Professional Certificate (London & Brighton)**					12. How much will you pay now?	
Unlimited Package (please					I will pay all registration, tuition and accommodation fees now.	
also indicate 1st course above)					I will pay a deposit of £200 now	
Cambridge B2 First					13. Declaration	
ESOL C1 Advanced Preparation** C2 Profiency						
· Carronaley			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.			
One-to-One English Number of Iessons Minimum Level: Intermediate **Minimum Level: Upper Intermediate					Terms and conditions can be found at www.staffordhouse.com/terms	
Signature Date						
6. Current Level of English (estimate if unknown)						
Beginner Elementa	ary Pre-Inte	rmediate	Interme	ediate 🔲	Please return this completed Registration Form by email to: admissions@staffordhouse.com	
Upper Intermediate	Advanced	Pro	ficiency		School Closure Dates:	

25th Dec 2020 - 4th Jan 2021