

REGISTRATION FORM ADULT STUDENTS

Please complete this form in CAPITAL LETTERS in black ink.

1. STUDENT DETAILS

Family Name: _____

First Name: _____

Date of Birth: Gender

Country of citizenship: _____

Country of birth: _____

City of birth: _____

Student Home Address: _____

Country: _____ Post Code: _____

Tel: _____

Email: _____

Any additional learning support needs? Yes: No:

If yes, please give details: _____

2. EMERGENCY CONTACT

Contact Name: _____

Relationship to student: _____

Telephone: _____

3. VISAS

Do you need a student visa for this course? Yes: No:

Your Passport number: _____ Expiry date: _____

4. WHICH CENTER AND WHEN?

London Cambridge Canterbury

Course Dates:

Start date	Month:	Day:	Year:
End date	Month:	Day:	Year:

Number of weeks: _____

5. WHICH COURSE?

	Standard (20 lessons)	Intensive (25 lessons)	Super Intensive (30 lessons)	Super Intensive Plus ¹ (35 lessons)
GENERAL ENGLISH				
General English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explore Programme (+50)	<input type="checkbox"/>			
EXAM PREPARATION				
IELTS Preparation*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cambridge ESOL Preparation**	B2 First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C1 Advanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL ENGLISH				
Business English* (London only)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Certificate: • Entrepreneurship • Marketing • Project Management • Business Management	2 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloomberg Market Concepts	<input type="checkbox"/>			
Unlimited Package (please also indicate 1 st course above)	<input type="checkbox"/>			
ACADEMIC & CREATIVE SHORT COURSES (LONDON ONLY)				
Fashion Marketing	<input type="checkbox"/>			
Frontiers of Human Health	<input type="checkbox"/>			
Shakespeare's Globe: History & Performance	<input type="checkbox"/>			
ADDITIONAL OPTIONS				
One-to-One English	<input type="checkbox"/>	Number of lessons	<input type="checkbox"/>	

6. CURRENT LEVEL OF ENGLISH (estimate if unknown)

Beginner Elementary Pre-Intermediate Intermediate

Upper Intermediate Advanced Proficiency

7. USE OF REPRESENTATIVES

Have you used an Educational Representative during your application?

Yes No (go to section 8)

Name of Representative / Agency: _____

Name of contact at Representative/Agency: _____

Agency Email Address: _____

8. ACCOMMODATION AVAILABLE (Sunday - Saturday)

Do you want Stafford House to arrange your accommodation?

Yes: Number of weeks: _____ No: (go to section 10)

Please refer to the pricelist for options available in each centre. Please mark your **FIRST** choice with 1 and **SECOND** choice with 2. For students wishing to study in more than one location, please specify your accommodation preferences in all locations. Accommodation is subject to availability at the time of receipt of full fees.

9. ACCOMMODATION

Choose your accommodation type:

Homestay: Superior Homestay: Residence:

Residence name: _____

Choose your room type: Single: Twin:

Choose your meal plan:

Self Catering: Bed & Breakfast: Half Board: Full Board:

10. OTHER REQUIREMENTS

Are there any foods you do not eat? Meat: Pork: Nuts:

Other (please specify): _____

Are you happy to live with a family with young children? Yes: No:

Do you smoke? Yes: No:

Do you have any health concerns that you would like to make us aware of? Yes:

If you have answered 'yes' to the above question Stafford House will send you a separate 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:

Yes My arrival airport is: _____ Arrival date: _____
Arrival time: _____ Flight number: _____

Yes My departure airport is: _____ Departure date: _____
Departure time: _____ Flight number: _____

12. 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 www.staffordhouse.com/terms

Signature _____ Date _____

Please return this completed Registration Form by email to: admissions@staffordhouse.com
School Closure Dates:
Our schools remain open on Bank Holidays. Please refer to our pricelist for Christmas closing dates.