

Enrolment and parental consent form

London Teenager Programme 2012



Please complete this form in CAPITALS and send with a deposit of £500.

page 1 of 2

STUDENT DETAILS

Family Name: _____ Given & Other Names: _____

Arrival Date (Sunday): _____ Departure Date (Saturday): _____ Number of weeks: _____

Age: _____ Date of Birth: _____ Male Female

Email: _____ Mobile: _____

Nationality: _____ Passport/Identity Document Number: _____

If you are applying for a Child Visitor Visa you MUST also give the following information:

Child's place of birth: _____ Country of birth: _____

Passport issue date: _____ Expiry date: _____

How did you hear of Frances King? A friend Frances King website English UK The British Council

Local Agent: name: _____ Other website: _____

PARENT/GUARDIAN DETAILS

Name: _____ Relationship to child: _____

Address: _____

Email: _____ Telephone: _____

Mobile: _____ Fax: _____

PARENT/GUARDIAN DETAILS WHILE CHILD IS IN UK (if different from above)

Name: _____ Relationship to child: _____

Address: _____

Email: _____ Telephone: _____

Mobile: _____ Fax: _____

LANGUAGE INFORMATION

Child's first language: _____ Other languages spoken: _____

My son/daughter has studied English in school for: _____ years

My son/daughter has studied English privately for: _____ years

I think his/her level is: Beginner Elementary Intermediate Upper Intermediate Advanced

Preferred option on London Teenage Programme: Discover London Fashion and Style Sports Fan

MEDICAL INFORMATION

Students are accepted on the understanding that they are in good health. If we are not told in advance about a physical or mental condition we reserve the right to exclude a student from the course.

Does your child take any regular medication which he/she will bring with him/her? Yes No

If yes, please give details: _____

Will your child bring any other medication? Yes No

If yes, please give details: _____

Does your child suffer from any serious illnesses, allergies or behavioural problems?
(e.g. asthma, diabetes, epilepsy, nut allergy, panic attacks, etc.) Yes No

If yes, please give details: _____

In the case of minor pain or illness such as headache, mild cold or sore throat, do you agree to your child being given non-prescription medicine such as aspirin, paracetamol, cough medicine, throat pastilles, anti-histamine, travel sickness tablets? Yes No

If no, please explain your reason: _____

Date of your child's last tetanus vaccination: _____

EMERGENCY HOSPITAL TREATMENT

In the case of a medical emergency, every effort will be made to contact you, the child's parents/guardians, as quickly as possible.
 If your child needs an emergency operation, do you give permission for the Course Director to sign the necessary consent form? Yes No

FOOD AND DIETARY NEEDS

Does your child require a special diet? Yes No

If yes, please give details: _____

Is your child allergic to any foods? Yes No

If yes, please give details: _____

Has your child ever suffered from an eating disorder (such as Anorexia or Bulimia)? Yes No

If yes, please give details: _____

PERMISSION TO LEAVE CAMPUS

Students on the Teenager Programme will leave the campus on organised trips led by members of Frances King staff. At all other times, students who are under 16 must stay on campus.

Students who are over 16 years of age may leave the campus in small groups for short periods each day, subject to certain rules and provided that parents have given permission for them to do so by signing this form. If you are happy for your child to leave the campus without adult supervision, please sign below.

"My child will be over 16 years of age during the course. I hereby give permission for my child to leave the campus without adult supervision subject to the rules of the centre."

Signed _____ (Parent/Guardian)

TRAVEL INSURANCE

If you are purchasing insurance in your country please give details here or send the details when available:

Name of Insurance Company/Policy: _____ Policy Number: _____

Other details including excess amount to be paid (if relevant): _____

PAYMENT

I enclose: Deposit of £500 Payment in full of £ _____

By: Pay online with a credit card: www.francesking.co.uk/enrol/xtrapayment.asp Sterling cheque (drawn on an English bank in the UK)
 International Bank Transfer

Our bank account details are: Business Education trading as Frances King School of English, National Westminster Bank, 208 Piccadilly, London W1A 2DG UK

Bank Sort Code: 56 00 03 IBAN BIC NUMBER (SWIFT): NWBKGB2L
Account number: 17054524 IBAN NUMBER: GB62 NWBK 5600 0317 0545 24

– Frances King is not responsible for your bank transfer charges. Please send/fax a copy of the bank transfer with your Enrolment Form

– Please make certain that your name appears clearly on the bank transfer

  Visa Card MasterCard Name on card: _____ Post code: _____ (Month) (Year)
 Card Number: Security code: Expiry Date:

– If you pay a deposit by credit card we will automatically take the balance 6 weeks before the course start date

– For bookings less than 6 weeks before course start date payment in full is required

DECLARATION

I confirm that the above details are correct and complete. I have read and understood "London Teenager Programme – Enrolment Details, Terms and Conditions 2012" and agree to the terms and conditions.

Signature: _____ Date: _____ / _____ / _____
 day / month / year