

Student Details

Family Name: _____ Given & Other Names: _____

Date of Birth: _____ Male Female Students' mobile number: _____

Nationality: _____ First language: _____

If you are applying for a **visa**, please send us a copy of your passport.

I wish to book: Course 42 Residential Programme Course 43 Day Programme Number of weeks: _____

Arrival Date (Sunday-Residential/Monday-Day): _____ Departure Date (Saturday): _____

Estimated Level: Beginner Elementary Intermediate Upper Intermediate Advanced

Preferred Activity Option*: Discover London Fashion and Style Sports Fan

*Students who do not have a preference will be placed on the Discover London programme.

I wish to book a transfer* My child will be accompanied by an adult of 21 or over on arrival*

*All students must be accompanied to and from the centre upon arrival and departure. Visa applications require proof of transfer arrangements.

How did you hear about Frances King? I studied at Frances King before: (if so, when?) _____ A friend/relative

Frances King website Other website: _____ I saw the school English UK

The British Council Local Educational Advisor: Name: _____

Parent/Guardian details (in your country)

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: _____

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 medical condition we reserve the right to exclude students from the course. **Please answer all questions so that we can process your enrolment.**

European Health Insurance Card Number (EU students only)*: _____

*Please bring your European Health Insurance card and keep it with you

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

Will your child bring any other medication? Yes No

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

Additional Information regarding the above: _____

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

If no, please explain your reason: _____

Emergency Hospital Treatment

In 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

Is your child allergic to any foods? Yes No

Is there any other information we need to ensure the health and well-being of your child? This information will be treated as confidential.

Yes No

Additional Information regarding the above: _____

Permission to Leave Campus (16/17 years old Residential students only)

All students on the London Teenager Programme leave the campus in organised trips led by Frances King staff. 16/17 year olds can also go out in small groups to local shopping and recreational areas between 6.30-8 pm, subject to certain rules of behaviour.

Does your child have permission to leave the campus in unsupervised groups? Yes No

Permission to travel alone to/from campus (Day school students only)

All students must be accompanied to and from the campus on their first day. Students aged 14 and over may travel alone for the rest of the course.

Does your child have permission to travel unaccompanied to/from the campus everyday? Yes No

Transfer Details for Residential Students

Student's mobile telephone number (if applicable): _____

My child is travelling with or being met on arrival by an adult of 21 or over who will bring him/her the campus at _____(time) on _____(date)

Accompanying Adult Name: _____ Contact number: _____

Relationship to the student: _____

My child requires a single OR return transfer from: Heathrow Gatwick St Pancras Other _____

Student Travel Details

Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Flight/Train Number: _____ Flight/Train Number: _____

Departing From: _____ Departing From: _____ Terminal: _____

Arriving at: _____ Terminal: _____ Arriving at: _____

Is your child registered with the airline as an Unaccompanied Minor? Yes No

Payment

– Students who need to apply for a **visa** are required to pay the fees in full at the time of booking.
– Students who do not need a visa to study must pay the deposit of £500 and the remaining fees 6 weeks before the course starts.

Payment: £500 Deposit Payment in full of £ _____

By: credit card online at <https://secure.francesking.com/payment-london> Provide Credit Card details if preferred

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

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 the student's name appears clearly on the bank transfer.

Declaration

I confirm that the above details are correct and complete. I have read and understood "London Teenager Programme – Enrolment Details, Terms and Conditions 2015" and agree to the terms and conditions.

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