

Descent Details											
Personal Details						Emergency Contact Details					
Family Name	Yamada					Full Name		Tarou Yamada			
First Names	Hanako					Relationshi	ip to you	Father			
Address in your country	1-1-101 Ryu Tokyo, Japar	Address	s 1-1-101 Ryugaku Gogaku-shi, Tokyo, Japan 111-1111								
Telephone	+81 3-1111	Telephone		+81 3-1111-1111							
Fax	+81 3-1111-1111					Fax		+81 3-1111-1111			
Email	hanako@langpedia.com					Email	tarou@langpedia.com				
Nationality	Japanese	anguage Japai		nese	How did you hear about Scarborough International			tional School?			
Date of Birth	Day Month Year 01/Jan/1995	995 ^{Age}			22 A Friend O		Our	r Website 🗌 🛛 English UK 🗌			
Sex	Female Male	()ccupation Student			British Council Agent (name) <a>[LangpediaOther Website						
Visa Requirements											
Do you require a visa to gain entry to the UK? Yes No 🗸											
If yes, which visa are you are applying for? Student Visitor Visa (For students 18yrs +) (Up to 11 months)						Child Visitor Visa (For students under 18yrs) (6 months or less)					
Passport Number LP1111111 Please bring your passport to school on the first day of your course											
Course											
Course Name Course C				Code Number of Week		r of Weeks	Start Da	Start Date Finish Da		te	Preferred time (One-to-One Only)
General English			AC1		4		07/Aug/20	/2017 01/Sep/201		7	
Test your level of English at <u>www.english-language.uk.com</u> Test Result											
Do you assess yourself as: Elementary 🗹 Pre-Intermediate 🗌 Intermediate 🗌 Upper Intermediate 🗌 Advanced 🗌 (NB Students who do not take the online test will be tested on the first morning of the course and may miss lessons on that day)											
Accommodation											
Accommodation Name (Homestay or Private) Num					Numbe	per of Weeks		Arrival Date		Departure Date	
Homestay					4 06/A		ug/2017		02/Sep/2017		
I would like to book extra nights for the following dates: (Subject to availability)											
Accommodation Requirements (Subject to availability) Smoking Non-smoking											
Do you have any allergies? Yes 🗌 No 📈 If yes please give details:											
Do you have any medical conditions? Yes No If yes please give details:											
Do you have any dietary requirements? Yes No 📈 If yes please give details:											
For Office Use Only											
Deposit and Registration Fee Details:						Visa					
			Invoice N								
Database Accommodation				Student No: Visa Letter Details:							

Page 1 of 3



Scarborough International School of English Individual Student Booking Form

Travel Details									
How will you	ube travelling to the school?	Arrival Da	ate 06/Aug/2017						
Car 🗌	Expected time of arrival in Scarbo	ected time of arrival in Scarborough							
Train	xpected time of arrival in Scarborough								
Plane 🔽	UK Airport	Flight N	lumber	Arrival (UK Tir	Time)				
How will you be departing from the school?			Departure Date 02/Sep/2017						
Car 🗌	Expected time of departure from	Scarborou	gh						
Train	Expected time of departure from Scarborough								
Plane 🔽	UK Airport	Flight N	lumber		Departure (UK Time)				
Do you want the school to arrange an airport tra (Contact info@english-language.uk.com for a quote)			you? Yes 📈 No 🗌		al Only 🗌 rture Only 🗌	Arrival & Departure 🔽			
Payment									
Item			Course Name	Course	e Code	Amount			
Tuition		Ge	eneral English	AC1		£820			
Accommodation			Homestay 4 weel		£ 580				
Transfers					Not sure				
Extra Nights									
Non-refundable Registration Fee				e of booking	£50				
Total Due					£1550				
Non-refundable Deposit				e of booking	£100				
Total Due before course start date			Total Due – Deposit	£1400					
How to Pa	γ								
Direct Deposit									
Cheque		Please post a cheque made payable to Scarborough International School to							
Credit/Debit C	Cheswold Hall, 37 Stepney Road, Scarborough, North Yorkshire, YO12 5BN Credit/Debit Card Please use our online secure payment system at www.english-language.uk.com and click on 'Make a Payment'								
Medical Provision For students 18yrs and above (For students under 18yrs parents/guardians are required to sign a separate declaration)									
I accept that the Principal Director may authorise immediate medical treatment if, on medical advice she deems it in my best interest. I further accept that this absolves the Principal Director and her staff of all responsibility for any adverse effect of such treatment. Signature: 山田花子 Date: 01/Jul/2017									
5									
Signature I have read and understood the terms and conditions (see page 3) and confirm that the above details are									
correct		litions (see	page 3) and confirm tha	t the abov	e details are	Date: 01/Jul/2017			
Signed:									
Signature of parent/guardian (If student is under 18yrs):									
		Scarborou	ugh International School of Englis	h					
Cheswold Hall 37 Stepney Road									

Cheswold Hall 37 Stepney Road Scarborough North Yorkshire YO12 5BN Tel: +44 (0)1723 362879 Fax: +44 (0)1723 366458