



Buckwood St. George's Registration Form

Applicant

Family Name: Male Female (please tick)

First Name(s):.....

Date of Birth (day/month/year): Nationality:

Address:

.....

Telephone: Mobile:.....

Fax: Email:.....

Special Requirements: Do you have any Medical or Special requirements (eg Dietary)?

If yes, please specify. If necessary, please continue under 'Any Other Information', or use an additional sheet.

Family Information

Parent's Name: Father/Mother/Other (please delete as appropriate)

Address:

.....

Telephone: Mobile:.....

Fax: Email:.....

Course Details (please indicate as appropriate)

Course Name: No. of Weeks:.....

Arrival Date: Departure Date:.....

Extras

Exam Entry (IELTS at £120) 1:1 Tuition (at £30 per hour) Subject Hours per week required

Half Term Holiday / Christmas / Easter / Summer Term

Transfer

Do you require a Transfer? Yes No

If yes, please tell us: Day and date of arrival Flight Number From.....

 Airport of arrival Time of arrival

Payment

Please indicate who will be making the payment

Parent/Agent/Other (please specify)

Name for Invoicing:

Address for Invoicing:.....

Payment Details

The deposit should be sent with booking

Please make payment by bank transfer to:

Lloyds TSB, 82 High Street, Lewes, East Sussex

Sort Code: **30-95-01** Account No: **03235008** Account Name: **St. George's England**

IBAN No: **GB42LOYD30950103235008** BIC No: **LOYDGB21103**

Any Other Information

To be completed by Applicant or Parents (if student is under 18 years old)

I have read and agree to the Terms and Conditions

Applicant's Signature: Date:.....

Father's Signature: Date:.....

Mother's Signature:..... Date:.....