

# International Student Club

Hillside, The Springs, Bowdon, Cheshire, WA14 3JH. Phone: 0161 929 9002.

Family name \_\_\_\_\_ First name: \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Nationality \_\_\_\_\_

Phone No \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Passport No (if non-EU) \_\_\_\_\_

Father's/Mother's name \_\_\_\_\_ Phone No \_\_\_\_\_

Do you have any medical conditions or allergies? \_\_\_\_\_

## Course Details

**Please enrol me on the following course:**

- ☐ General English Programme
- ☐ General English + Cambridge PET Exam Preparation Course
- ☐ General English + Cambridge FCE Exam Preparation Course
- ☐ General English + Academic English Course

Dates of Course: ..... How long have you studied English for? .....

What is your current level of English? Elementary ☐ Pre-Intermediate ☐ Intermediate ☐ Upper Intermediate ☐ Advanced ☐

## Airport Transfer Details

Arrival

Do you require a transfer? ☐ Yes ☐ No If Yes, please give Flight No: \_\_\_\_\_

Airport of arrival: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Is your child travelling as an unaccompanied minor? ☐ Yes ☐ No

Departure

Do you require a transfer? ☐ Yes ☐ No If Yes, please give Flight No: \_\_\_\_\_

Departure airport: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

- My child has read, understood and signed the Student Agreement.
- I have read, understood and signed the Data Protection form.
- In the event of a medical emergency and I cannot be contacted, I give the Directors of ISC permission to act in the best interests of my child on the medical advice given.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form to ISC with your £200 deposit.

