



1. STUDENT INFORMATION (Complete in BLOCK CAPITALS)

Family name:

First name:

Sex:

Date of birth: (day/month/year)

Nationality:

First language:

Address:

2. COURSE INFORMATION: Select your chosen centre/dates

IPSWICH SUMMER CENTRE – from £595 per week

Students aged 11 – 17 years (Homestay Accommodation)

Start date	2 July	9 July	16 July	23 July
<i>Please tick box</i>				
Leaving date	9 July	16 July	23 July	30 July
<i>Please tick box</i>				

COLCHESTER SUMMER CENTRE – from £595 per week

Students aged 11 – 17 years (Homestay Accommodation)

Start date	2 July	9 July	16 July	23 July
<i>Please tick box</i>				
Leaving date	9 July	16 July	23 July	30 July
<i>Please tick box</i>				

Do you require accommodation? Yes No

Twin Single

Single room accommodation - £20 supplemental charge per week

Do you require airport transfers? Yes No

3. SPECIAL REQUESTS

Please detail any special requests:

4. VISAS

Information on visas can be found on the UK Home Office website:
www.gov.uk/visas-immigration.

Do you require a Letter of Acceptance for a visa application?

Yes No

5. FLIGHT INFORMATION

Arrival flight

Departure airport:

Arrival airport:

Date:

Time:

Flight No:

Departure flight

Departure airport:

Arrival airport:

Date:

Time:

Flight No:

Unaccompanied Minor: Yes No

*Unaccompanied minors are subject to an additional charge, please contact ilh for further details

6. PAYMENT

- We require a non-refundable deposit of £100 at the time of booking. Bookings are not confirmed until this has been received.
- Payments should be made to the following account by bank transfer or by completing the credit/debit card details below. This will allow us to debit your account with £100 for the course deposit.
- Credit card payments are subject to a 2% surcharge.
- The full balance must be paid 14 days before course start date.
- When making a payment, please quote the student's name, course name and arrival date.

BANK TRANSFER

Account Name: Study in Colchester Ltd
Bank Address: Lloyds Bank, High Street, Colchester, Essex, CO1 1DU
Bank Account Number: 61058468
Sort Code: 30 92 16
IBAN Number: GB25LOYD30921661058468
Swift/BIC Code: LOYDGB21115

DEBIT/CREDIT CARD

Card Type: Debit Credit
Card Number:
Start Date: **Expiry Date:**
Issue Number: **Security Code:**
Name (as it appears on card):
Card Holder's Address:
Country: **Post Code:**

Name and address of your representative agent (if applicable):



ALL SECTIONS ON THIS PAGE ARE MANDATORY

STUDENT NAME:

STUDENT MOBILE NUMBER:

Returning Student: Yes No

7. STUDENT WELFARE

Does your child have any learning difficulties? Yes No

If Yes, please give details:

Does your child have any physical difficulties? Yes No

If Yes, please give details:

Does your child have any dietary requirements? Yes No

If Yes, please give details:

Does your child have any allergies? Yes No

If Yes, please give details:

Does your child have any medical conditions? Yes No

If Yes, please give details:

8. MEDICINES

I authorise the Centre Manager, or his or her representative (Homestay provider), to dispense non-prescription medicine, such as paracetamol or aspirin to my child in accordance with the manufacturers' guidelines.

Yes No

I authorise that my child may be treated by a doctor in case of illness, and may be brought to a hospital and undergo surgery in case of an emergency. I will be informed right away about any illness/accident of my child.

Yes No

Will your child be bringing any medicine? Yes No

If Yes, please give details:

9. CONSENT

I authorise my child to travel to the United Kingdom for an English language summer course organised by International Language Holidays, as detailed on their **Booking Confirmation**.

Yes No

10. HOMESTAY

I authorise my child to go out in the evenings and on Sundays without the supervision of a member of ilh staff, or the Homestay provider (host). I accept that evening permission curfew rules apply, which may differ from that which my child is used to. My child will comply with the regulations and return to the Homestay provider by the appointed time. These regulations will be communicated on the first day.

Yes No

11. GROUP LEADER SUPERVISION

I authorise my child to leave the supervision of ilh staff in the evenings and weekends, with the supervision of their Group Leader (where applicable).

Yes No

12. PHOTOGRAPHY

International Language Holidays may take photos and videos of a class, the school and academic, sports or cultural activities. I consent to my child having their image taken for marketing purposes.

13. PARENT/GUARDIAN DETAILS (for emergency use ONLY)

Family name:

First name:

Home phone number:

Mobile number:

Email:

Address (if different from section 1):

Relationship to child:

English language level:

Name/phone number of second emergency contact:

14. DECLARATION

I have read and accept all terms and conditions of booking with International Language Holidays. Full terms and conditions, as well as information on ilh's duty of care can be found at www.internationallanguageholidays.com.

By submitting a booking form you are agreeing to the full terms and conditions. By enrolling a student under 18, you agree to the full terms and conditions on their behalf.

Parent/Guardian Name (BLOCK CAPITALS):

Signature:

Date:

PLEASE MAKE A COPY FOR YOURSELF OF ALL THE IMPORTANT INFORMATION ON THIS FORM. SEND THIS FORM TO YOUR REPRESENTATIVE AGENT OR

ADMISSIONS TEAM, INTERNATIONAL LANGUAGE HOLIDAYS,
19 LEXDEN ROAD, COLCHESTER, CO3 3PW, ENGLAND
TEL: +44 [0] 1206 544422 FAX: +44 [0] 1206 761849
EMAIL: ilh@cesc.co.uk <http://www.internationallanguageholidays.com>