

Web	www.sgvenGLISH.com
Email	info@sgvenGLISH.com
Fax (North America)	+1 604 871 0584
Fax (Europe)	+44 20 7499 9374

## REGISTRATION FORM FOR THE UNITED KINGDOM

\* Required

### IDENTIFICATION

- \* First name:
- \* Family name:
- \* Date of birth (dd/mm/yyyy):
- \* Gender:        Male    Female
- \* Passport number:
- \* Type of visa you will study on:        Student        Visitor        Working holiday
- Other (and then indicate the visa type):        I don't need a visa (EU, etc.):
- \* Country of nationality
- \* Country of origin/birth
- \* At present you are:        In your home country        Already in the UK

### ADDRESS

- \* Email address:
- \* Phone number (including country and area codes):
- Fax number:
- \* Home address (line 1):
- Home address (line 2):
- \* City, Town:        State, province or county:
- \* Postal code, zip:        \* Country:

### NEXT OF KIN/EMERGENCY CONTACT PERSON

- \* First name:        \* Family name:
- Email address:
- \* Home phone:        \* Work/mobile phone:
- \* Complete address (including country etc.):

### ENGLISH PROGRAMME

- \* School/location: London Central, London Bromley, Ascot, Worcester, Hastings (June 2003)
- \* Start date (see our website for details):
- \* Total duration of programme:        weeks
- \* English programme (see our website for details):
- For 15 and 20 lessons per week at SGV London Central, you prefer: Morning, Afternoon
- Comments/questions on the programme:

- \* Level of English:        Elementary        Pre-intermediate        Intermediate
- Upper-intermediate        Advanced        Native speaker competence

### ACCOMMODATION

- \* Choice of accommodation (see our website for details):

#### Details

Accommodation start date:        Finish date:

\* Do you smoke?

\* Do you have any allergies?  
If yes please indicate them:

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\* Do you take any medication?  
 If yes please indicate them:

\* Do you have any special dietary requirements?  
 If yes please indicate them:

Do you have any hobby or particular interest?  
 If yes please indicate it:

Can you live with pets?  
 With young children?

**AIRPORT TRANSFERS**

**Arrival**

\* Do you need airport pickup?  
 If yes please indicate:  
 - Flight number:  
 - Date of arrival:  
 - Time of arrival (EG: 19:25):  
 - Origin of flight:

**Departure**

\* Do you need airport transfer?  
 If yes please indicate:  
 - Flight number:  
 - Date of departure:  
 - Departure time:  
 - Destination:

**PAYMENT & OTHER INFORMATION**

\* How will you pay?    By credit card    By wire transfer    By bank draft of certified cheque  
 By another means:

**Medical insurance**

\* I will purchase medical insurance prior to starting any SGV programme and to cover all medical expenses or reimbursements during the programme (type/write yes):

**Conditions of enrolment and refund policy (see our website for details)**

\* I have read and agree to be bound by the General Conditions of Enrolment and the Cancellation and Refund Policy (type/write yes):

\* I confirm that my deposit will be made at least four weeks prior to the start date of the programme (type/write yes):

\* How did you hear about us?

EG: Search engine (which one?), magazine, friend, embassy, fair, exhibition, agent

\* Are you registering through an authorized SGV agent?

If yes please name the agency:

Add your questions or comments:

Today's date (dd/mm/yyyy):

Signature: