

Application Form: Cheltenham Summer Centre

Please complete the shaded () fields and tick (✓) the appropriate boxes below.

When the form is completed, save it as “[student name] Application Form (London School)”, and email it to the school.

To complete this form, you may need the latest version of Adobe Acrobat Reader, which you can download from <https://get.adobe.com/reader/>.

Section 1: Student Details

Forename _____

Surname _____

Gender (M/F/Other) _____

Date of Birth (DD/MM/YYYY) _____

Nationality _____

Native Language _____

Passport Number _____

Passport Expiry Date (DD/MM/YYYY) _____

Does the student require a visa? _____

See <https://www.gov.uk/check-uk-visa> if you are not sure

Section 2: Student Contact Information

Email address _____

Home address _____

Mobile Phone Number _____

Alternative Phone Number _____

Section 2: Additional Information

Please tell us if the student has any of the following:

Disabilities or medical conditions? _____

Special educational needs _____

Allergies? _____

Dietary needs? _____

Medication? _____

Any other medical information? _____

Section 3: Parent/Guardian Details

Forename _____

Surname _____

Relationship to the student _____

Home address _____

Mobile Phone Number _____

Alternative Phone Number _____

Email address _____

Does this person speak English? Yes No

If you answered No, what languages do they speak? _____

Section 4: Emergency Contact Details

Please tell us the name of someone we can contact if you are ill or if there is an accident. This is usually a close friend or family member.

If one of these people is the same as the Parent or Guardian in Section 3, write "As Above"

Forename _____

Surname _____

Relationship to the student _____

Home address _____

Mobile Phone Number _____

Alternative Phone Number _____

Email address _____

Does this person speak English? Yes No

If you answered No, what languages do they speak? _____

Please provide an additional contact in case the above person cannot be contacted:

Forename _____

Surname _____

Relationship to the student _____

Home address _____

Mobile Phone Number _____

Alternative Phone Number _____

Email address _____

Does this person speak English? Yes No

If you answered No, what languages do they speak? _____

Section 5: Course Details

How many weeks do you want to study?

1 week

2 weeks

3 weeks

4 weeks

When do you want to start the course?

05 July

12 July

19 July

26 July

Section 6: Extra Activities

Please select if you want to book any extra activities during your course:

Harry Potter Studio Tour

Please choose a date for your Harry Potter Studio Tour:

Week commencing 16 July

Week commencing 30 July

Theatre Trip

Please see our brochure and website for available dates

Horse Riding

Please see our brochure and website for available dates

Section 7: Airport Transfer

Airport Transfer (arrival)

From (Airport/Terminal) _____

Airport Transfer (departure)

To (Airport/Terminal) _____

Section 8: Other

Laundry fee*

Courier Fee

** Laundry fee is £10.00 per student per load. Please note that laundry is carried out by an external contractor, and Burlington School is not responsible for any damages or losses incurred.*

Section 9: Declaration

Please tick (✓) the boxes to confirm the following, and sign below.

- I confirm that the details given in this application are correct.
- I confirm that I am authorised to complete this application form.
- I confirm that I have received, read and understood, and agree to be bound by, Burlington School's Terms and Conditions.
Terms and conditions are available at <http://burlingtonschool.co.uk/downloads.html>
- I confirm that I have completed and returned a Parent/Guardian Consent Form for the student.
Consent Form is available at <http://burlingtonschool.co.uk/downloads.html>

Please tick (✓) the boxes to agree to the following:

- The School will from time to time contact you with offers and news from the School. Under no circumstances will the School pass your data on to any other organisation or individual. Please tick to give consent for the School to contact you in this way.

The School will occasionally take photographs or videos of students in the course of lessons or other activities, which may be used for a variety of purposes.

- Please tick to give consent for the School to make such images of the Student for internal use (for example, notices and posters).
- Please tick to give consent for the School to make such images of the Student for external use (for example, school brochures).
- Please tick to give consent for the School to make such images of the Student for use on social media.

Signed _____

Print Name _____

Date _____