

# Application Form: Students Under 18 Years

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 \_\_\_\_\_

## Please complete this section if you are organising accommodation for the student in the UK:

UK address \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Alternative Phone Number \_\_\_\_\_

Please describe this accommodation  
*eg house of a family member, House of a family friend, Hotel*

Name of person who will be responsible  
for the student in this accommodation \_\_\_\_\_

Relationship to the student \_\_\_\_\_

Mobile Phone Number of this person \_\_\_\_\_

Email address of this person \_\_\_\_\_

### Section 3: 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 4: 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 4, 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**

Start Date (Monday) \_\_\_\_\_

Number of Weeks \_\_\_\_\_

Please tick (✓) the course you are applying for:

Kids (Age 4-6)	Juniors (Age 7-11)	Teens (Aged 12-17)
<p>Course Only <i>Classes Monday - Friday 14:30 - 17:30</i></p>		<p>Programme <i>Classes Monday - Friday 14:30 - 17:30</i> <i>Social Programme Monday - Friday 09:00 - 13:30</i> <i>Lunch Monday - Friday</i></p>
	<p>Saturday Social Programme <i>Social Programme 09:30 - 18:00 Saturday</i></p>	<p>Harry Potter Studio Tour <i>See brochure or website for available dates</i></p>
<p>Onsite Residence Option* <i>Classes Monday - Friday 14:30 - 17:30</i> <i>Social Programme Monday - Friday 09:00 - 13:30</i> <i>Social Programme Saturday 09:30 - 18:00</i> <i>Onsite Residence Accommodation</i> <i>Full board</i></p>		<p>Homestay Option* <i>Classes Monday - Friday 14:30 - 17:30</i> <i>Social Programme Monday - Friday 09:00 - 13:30</i> <i>Social Programme Saturday 09:30 - 18:00</i> <i>Classes Monday - Friday 14:30 - 17:30</i> <i>Homestay Accommodation</i> <i>Full board</i></p>

**\*Please complete this section if you have chosen the Onsite Residence Option or Homestay Option**

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

Special requests \_\_\_\_\_  
*eg no children, no pets*

**Section 7: Airport Transfer**

Airport Transfer (arrival)                              From (Airport/Terminal) \_\_\_\_\_

Airport Transfer (departure)                              To (Airport/Terminal) \_\_\_\_\_

## Section 8: 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.
- I confirm that I have completed and returned a Parent/Guardian Consent Form for the student.

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 \_\_\_\_\_