

# Application Form: Adult Students

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) \_\_\_\_\_

Do you 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 your own accommodation in the UK:**

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

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

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

**Section 3: Additional Information**

**Please tell us if you have any of the following:**

Disabilities or medical conditions? \_\_\_\_\_

Special educational needs \_\_\_\_\_

Allergies? \_\_\_\_\_

Dietary needs? \_\_\_\_\_

Medication? \_\_\_\_\_

Any other medical information? \_\_\_\_\_

**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**

Forename \_\_\_\_\_

Surname \_\_\_\_\_

Relationship to you \_\_\_\_\_

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 you \_\_\_\_\_

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:

General English  IELTS Preparation

Cambridge Exam Preparation

Specialist Courses  Please specify \_\_\_\_\_

One-to-One Tuition  Topics to cover \_\_\_\_\_

Other  Please specify \_\_\_\_\_

How many lessons\* per week do you want to study?

Standard - 15hrs/wk  
Main Session + 1 workshop

Intensive - 22hrs 30mins/wk  
Main Session + 2 workshops

**One-to-One Tuition**

Number of hours (total) \_\_\_\_\_ Preferred time \_\_\_\_\_

**Section 6: Accommodation**

**Please complete this section if you want us to arrange your accommodation**

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

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

Special requests \_\_\_\_\_  
*eg no children, no pets, smoking/non-smoking*

**On-site Residence** (Half Board Mon-Fri / Breakfast Sat-Sun)

Deluxe Single Room, Private Bathroom  Single Room, Private Bathroom

Twin Room, Private Bathroom  Single Room, Shared Bathroom

Twin Room, Shared Bathroom  Dorm Room, Shared Bathroom

**Wandsworth Apartment** (Self Catering)

Single Room, Private Bathroom  Single Room, Shared Bathroom

Twin Room, Private Bathroom  Twin Room, Shared Bathroom

**Homestay Standard:**

Self-Catering                                      Bed & Breakfast                                      Half Board

**Homestay Executive:**

Self-Catering                                      Bed & Breakfast                                      Half Board

**Adult Summer Residence (Half Board Mon-Fri)**

Single, Shared Bathroom

Single, Private Bathroom

Deluxe, Private Bathroom

**Section 7: Airport Transfer**

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

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

**Section 8: Other**

Exam Fee

Which exam would you like to take: \_\_\_\_\_ Preferred date of exam: \_\_\_\_\_

**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.

*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 \_\_\_\_\_