

# Enrolment Form

## Choose your location, course and dates

Please choose your course:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> English World      | <input type="checkbox"/> IELTS Exam Preparation         | <input type="checkbox"/> Online lessons    |
| <input type="checkbox"/> English World a.m. | <input type="checkbox"/> Cambridge Exam Preparation FCE | <input type="checkbox"/> 5 hours per week  |
|   | <input type="checkbox"/> Cambridge Exam Preparation CAE | <input type="checkbox"/> 10 hours per week |
|   | <input type="checkbox"/> Cambridge Exam Preparation CPE | <input type="checkbox"/> 20 hours per week |

Additional one-to-one hours per week  5 hours per week

Location:  London  Cambridge  Oxford

Young English World  Stowe 7 - 12  Stowe 13 - 17  Scanbrit - Homestay 13 - 17

Course start date: \_\_\_\_\_ Course finish date \_\_\_\_\_

## Choose your accommodation

Homestay single room  Homestay en-suite  Hotel  Residence  No accommodation

Accommodation start date: \_\_\_\_\_ Accommodation finish date: \_\_\_\_\_

Please tell us about any special requirements (eg: disability, allergies, diet)

\_\_\_\_\_

Do you smoke?  Yes  No Would you prefer non-smoking accommodation?  Yes  No

What is your level of English?

Beginner  Elementary  Pre Intermediate  Intermediate  Upper Intermediate  Advanced  Very Advanced

Have you studied with Regent before?  Yes  No Which School? \_\_\_\_\_ When? \_\_\_\_\_

## Transfers

Would you like a taxi transfer to your accommodation?

Yes on arrival  Yes on departure  Yes on arrival and departure  No

Arrival: Airport/Station \_\_\_\_\_ Flight number \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_ Time \_\_\_\_\_

Departure: Airport/Station \_\_\_\_\_ Flight number \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_ Time \_\_\_\_\_

## Documents by courier

We can send your documents to you by email, fax or post. If you would like them sent by international courier we charge £50.

I would like my documents sent by international courier (£50).

## Calculating your fees

I would like to pay the full fees  I would like to pay deposit of £300 now and the full fees 30 days before the course starts

Course fee \_\_\_\_\_

Additional one-to-one lessons \_\_\_\_\_

Accommodation fee \_\_\_\_\_

Transfer fee \_\_\_\_\_

Documents sent by courier fee \_\_\_\_\_

Total cost \_\_\_\_\_

## Personal Details (Please write in CAPITALS)

Family Name		First Name	
Nationality	Occupation	Date of Birth	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	First Language	Second Language
How did you hear about Regent?			
Who is paying for your course?	<input type="checkbox"/> Myself	<input type="checkbox"/> Parents	<input type="checkbox"/> Company <input type="checkbox"/> Other
Home Address			
Email	Tel	Mobile	Fax
Address for invoice (if different)			
Emergency Contact During Course			
Relationship to student	English spoken	<input type="checkbox"/> yes <input type="checkbox"/> no	Tel Email
Reason for studying	<input type="checkbox"/> Academic	<input type="checkbox"/> Professional	<input type="checkbox"/> Other
Name of your college/university (students)			
Name of your company (professionals)			

## Method of Payment (please tick)

Cheque (UK £ Sterling only)  Credit/Debit Card  Bank Transfer  Cash

### Cheque (UK £ Sterling only)

Drawn on British Bank made payable to Instill Education Ltd. Please write student's name on the back of the cheque.

### Credit Card Visa Mastercard

- I hereby authorise Regent to charge the deposit of: £300 to my card  
 I hereby authorise Regent to charge the balance of: £ to my card 30 days before the course starts  
 I hereby authorise Regent to charge the full amount of: £ to my card now

Card number  Security Code  (last 3 digits on reverse of card)

Valid from  Expiry date

Name of cardholder \_\_\_\_\_

Address of cardholder \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

## Your agreement and signature

- I have read and understood the Terms and Conditions.
- I certify that all the information given by me in this enrolment form is accurate and complete.
- If applicant is under 18, a parent or guardian must sign this form.  
In doing so, the parent or guardian agrees to the Terms and Conditions.
- I agree to the use of my personal information, including health and religious or dietary requirements, set out in the terms and conditions.  Yes  No
- I agree that you can send me occasional information about Regent Language Training courses and services.  Yes  No

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian (If student is under 18) \_\_\_\_\_ Date \_\_\_\_\_