



Intensive School of English
ENROLMENT FORM

1) Personal Details

Family Name \_\_\_\_\_ First Name \_\_\_\_\_
Date of Birth \_\_\_\_\_ Male Female Nationality \_\_\_\_\_
Address in your country \_\_\_\_\_
Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_
Passport Number \_\_\_\_\_ Place of Birth \_\_\_\_\_
Next of kin (name) \_\_\_\_\_ Next of kin (phone) \_\_\_\_\_
Do you have any allergies or Disabilities? \_\_\_\_\_

2) Course Details

Starting Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Finishing Date \_\_\_\_/\_\_\_\_/\_\_\_\_
Hours per week: 6 9 15 18 21 24 30 Other \_\_\_\_
Number of weeks: 2 3 4 6 8 12 16 24 28 36 48 Other \_\_\_\_
General English Yes No IELTS Yes No
Cambridge Examination PET FCE CAE CPE English for Business (EFB)

3) Accommodation Required? (Homestay organised by the school) Yes please No thanks (If yes, continue below)

Room Single Room Shared Room Board Half Board Bed & Breakfast Self Catering
Do you smoke? Yes No Do you have a special diet? \_\_\_\_\_

4) Arrival & Departure details

Date of arrival \_\_\_\_/\_\_\_\_/\_\_\_\_ Arrival Time \_\_\_\_\_ Flight N°: \_\_\_\_\_ Date of departure \_\_\_\_/\_\_\_\_/\_\_\_\_
Name of Airport: Heathrow Gatwick Stansted Luton London City
Airport Terminal: Heathrow: 1 2 3 4 5 Gatwick: North South
Do you want ISE to arrange an Airport Pick-up? Yes No

5) Method of Payment

Debit / Credit Card Online Bank Transfer Agent
Card Number \_\_\_\_\_ Expiry Date \_\_\_\_ Sec \_\_\_\_
Card Type: \_\_\_\_\_ Start Date { { } IssueN° \_\_\_\_



Acceptance

I accept the conditions of booking as stated in the brochure and enclose payment of £150 Registration fee (minimum) / full fees of £ \_\_\_\_\_ (please delete as applicable) or proof of payment of this sum. I confirm payment of outstanding fees will be made 2 weeks before the course commences unless otherwise agreed by ISE. In order to obtain a visa to study in the UK 100% of course fees must be paid in advance, If your visa is refused all fees will be refunded minus the registration fee of £150

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and send to ISE.