Adult Individuals Enrolment Form - UK Schools



PLease email your completed form to admissions@oxfordinternational.com

Surname	First Name	
Date of Birth	Gender	
(DD/MM/YYYY)		
Age at Enrolment	Age at Start of the Course	
Nationaliy	Passport Number	
Email Address	Home Country Telephone Number	
First language spoken	Country you are traveling from	
	, in the second	
Emergency Details / Next of Kin Details / Ne	Date of Birth	
ruil name of your emergency contact	(DD/MM/YYYY)	
Email Address		
Littuli Address	Gender	
Nationality	Relationship to you	
Telephone number (include international diallir	ng code) First language spoken	
Level of English	Full address of this contact	
Level of English		
Have you studied English before? Yes	No	
If yes, please select your current level o	of English below:	
-	ntermediate B1	
	Upper-Intermediate B2	
	Advanced C1	



Course details		
Course location:	Course start date:	(DD/MM/YYYY)
Greenwich Oxford	Course end date:	(DD/MM/YYYY)
Brighton	Number of weeks:	(DD/MM/YYYY)
Course title: Morning 20 (15 hours per Intensive 30 (22.5 hours) Super Intensive 40 (30 hours) *IELTS 20 (15 hours per work) *minimum level B1/2 subject to continue to the subject to the subject to continue to the subject to	per week) ours per week) eek IELTS Exam Preparation le	essons)
Do you require us to ar Yes No	range accommodation du	uring your stay?
Start date:	(DD/MM/YYYY)	
End date:	(DD/MM/YYYY)	
Number of total weeks:	(DD/MM/YYYY)	
 Option 1: Homestay (please tick preferences)	
Shared Bathroom	Private Bathr	oom (subject to availability)
Single Room	Twin Room*	
Bed and Breakfast Self Catering (not available i	Half Board n Brighton)	
Option 2: Residential	or Shared Student Housi	ng (please tick preferences)
Shared Student House** *Twin rooms in homestay and accor	insuite with own kitchenette; Greenwich only) (not available in Oxford) I in residences are only available for two st mmodation type and cannot share with ar ** Shared Student House	//www.oxfordinternationalenglish.com/student-life/accommodation/
		your course, please confirm the following:
Name of person you will	be staying with:	
Relationship of this perso	n to you:	
Full address of this accor	mmodation:	

If you are under 18 years of age then it is essential that this adult accompanies you to school on your first day and brings ID to show the school reception team. We also reserve the right to visit this responsible adult at this address as part of our Safeguarding checks on minors



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Airport Transfers						
Do you require an arrival trar	nsfer?* If yes, p	lease write	the flight de	etails:		
Yes No	Date:	(DD/MM/Y	YYY)			
*Please note if you are booking an arrival transfer with us then your taxi shall arrive at the airport one hour after your actual landing time. Please	Airport:					
	Flight Number:					
make your way promptly to the arrivals hall.	Terminal:				•	
	Arrival UK time:					
Do you require a departure t	ransfer? If yes, p	olease write	the flight de	etails:		
Yes No	Date:	(DD/MM/Y	_			
	Airport:					
	Flight Number:					
	Terminal:					
	Departure time:					
Hoalth and Modical room	iromonto					
Health and Medical requ	пентенть					
Do you have any allergies or	medical condition	s? Yes	No	(if yes, please lis	t belo	w in box)
Do you have any special diet	:ary requirements?	Yes Yes	No	(if yes, please lis	t belo	w in box)
I authorise Oxford Internation appropriate action in the eve		y Yes	No			
Additional Information:						
Special Requests and in	formation to sh	are				
Do you smoke?				Ye	s	No _
If we placed you in a family w	ith pets would this	be ok?		Ye	S	No _
Our schools sometimes take platforms. Are you okay with y					s	No
Additional Information we nee			parposes			



Travel Insurance

It is a condition of booking that you have adequate travel insurance in place before you travel to the UK. Oxford International English Schools works in partnership with Endsleigh Insurance, one of the largest International Student Insurance Providers in the world, protecting thousands of individuals studying and working abroad.

and agree to	nase the policy at £7.50 per week inc. IPT (Insurance Premium T the IMPORTANT INFORMATION terms and conditions. Please note on-refundable once purchased		No _
Start Date:	(DD/MM/YYYY)		
End Date:	(DD/MM/YYYY)		
		Yes	

The full policy outline can be provided by emailing admissions@oxfordinternational.com Please do ask us for this at time of booking and we will be happy to share this with you.

Declaration		
I have read and agree to the Terms and Conditions on the tariff brochure Yes		
Student Signature		
Date	(DD/MM/YYYY)	
Parent/Guaridian Signature (If student is under 18 years)		
Data	(DD/MM/YYYY)	

Students under 18 must also have a completed Parental Consent Form when applying. No course or programme shall be organised until Parental Consent has been granted. Email admissions@oxfordinternational.com for more information.

Accreditations and Partnerships





