

You can also enrol online at:  
<https://www.anglo-continental.com/enrolment/enrolment-form/>

### Personal information of student

(Please complete in BLOCK CAPITALS)

Male ☐ Female ☐ Please mark ☒

Student's family name

First name

Date of birth

Place and country of birth

Nationality

First language(s)

Passport number

Student's mobile number

As in passport

Home address of parent ☐ or guardian ☐

Mr ☐ Mrs ☐ Miss ☐ Other

Name of parent/guardian

Road/Number

Town/Postcode

Country

### Parent/Guardian's contact details

Telephone

Email

Has your son/daughter attended an Anglo-Continental course before? Yes ☐ No ☐

If yes, in which year(s):

### What is your son/daughter's present level of English?

Beginner ☐ Intermediate ☐

Elementary ☐ Upper intermediate ☐

Pre-intermediate ☐ Advanced ☐

### Course information

Preferred entry date  Day / Month / Year  Number of weeks

### My son/daughter will attend the following course:

Young Learners Course C-1.20 Age group 10 - 16 ☐

Young Learners Course C-2.20 Age group 10 - 16 ☐

I require door-to-door transport (compulsory for 10 - 13 year olds) ☐

Vacation Course V-1.20 Age group 16 - 17 ☐

Vacation Course V-2.20 Age group 16 - 17 ☐

IELTS Preparation Vacation Course V-4.30 Age group 16 - 17 ☐

### Accommodation information

My son/daughter requires accommodation as specified for the course (Sunday to Sunday). ☐

### Accommodation information (continued)

Vacation Courses only - My son/daughter requires a single room at a supplement of £30 per week. ☐

My son/daughter does not require accommodation. I shall make my own accommodation arrangement for myself and my son/daughter, and will provide details of the address. A supplement of £50 per week will be included on the invoice for meals. ☐

Does your son/daughter suffer from any allergy? Yes ☐ No ☐

If yes, please give details

Does your son/daughter have any special dietary requirements? Yes ☐ No ☐

e.g. vegetarian, vegan, coeliac, gluten free, lactose free or serious nut allergy

If yes, please give details

Special diets, except for a vegetarian diet, will incur an extra charge of £35 per week and are subject to availability.

Does your son/daughter have a medical condition which we should be aware of? Yes ☐ No ☐

If yes, please give details

Does your son/daughter have a physical disability, learning disability or mental health issue? Yes ☐ No ☐

If yes, please give details

Young Learners complete the declaration.

### Transfer information

The transfer service must be arranged for students on Young Learners Courses.

I wish to reserve:

Anglo-Continental escorted coach transfer On arrival ☐

Operates every Sunday from 8 June to 3 August from London Heathrow Airport to Bournemouth, and from 22 June to 17 August from Bournemouth to London Heathrow Airport.

On departure ☐

Coaches depart between 0800 to 2000 hours, for flights arriving between 0800 to 1800 hours. Coaches depart between 0500 to 1600 hours, for flights departing between 1000 to 2000 hours.

On arrival ☐

On departure ☐

### Reception and transfer by car

(Operates daily from any point of arrival/departure)

Airport/place of arrival

Airport/place of departure

If you reserve a transfer, you must advise Anglo-Continental of the travel details not less than 10 days before arrival.

### International student travel insurance

I wish to book insurance for the duration of my son/daughter's course. ☐

### Agent

If you have booked through an Anglo-Continental Agent please write the agency name here:

### Signature

I confirm that I have read and accept the Conditions of enrolment.

I also confirm that after receipt, I shall read the 'Student Handbook' and explain the regulations concerning 'conduct and discipline' and 'permission to go out without supervision' to my son/daughter.

I will return the declaration form to reach Anglo-Continental not less than 10 days before my son/daughter's arrival.

Signature of parent/guardian

I consent to the processing of my personal data in accordance with the Privacy Policy. ☐

I would like to receive the latest news, offers and information from Anglo-Continental. ☐

X



## Next of Kin

(Please complete in BLOCK CAPITALS)

Mr ☐ Mrs ☐ Miss ☐ Other  Please mark ☒

Family Name

First Name

Telephone number

Email

Relationship to the student

Does the next of kin speak English? Yes ☐ No ☐

## If you are providing your own Accommodation (POA), please provide the address below:

Road/Number

Town

Postcode

## Permission to go out without supervision (Age Group 14 - 16)

I give permission for my son/daughter aged 14-16 to request to go out without supervision during the free time.

Yes ☐ No ☐

## Permission for a friend, relative or group leader to take out my son/daughter (Age Group 10-16)

If an adult (aged 18 years or over) wishes to take out your son/daughter for a day or a weekend you must fill in the name of the person(s) below. Please advise this person(s) to bring photographic identification with them such as a passport or ID card.

Mr / Mrs / Miss

Is authorised to take my son/daughter out at weekends or during free time by arrangement with the Head of Centre or Homestay Family, and will be responsible for his/her safety and conduct on these occasions.

## Photography and Video Consent

I consent to Anglo-Continental taking photographs and videos of my son/daughter to promote the school through various channels such as social media, website, prospectuses, flyers, signage, exhibition displays and email marketing.

Yes ☐ No ☐