



REGISTRATION FORM

The Old Music Hall
106-108 Cowley Road,
Oxford, OX4 1JE
United Kingdom
Tel: +44 (0)1865 403351
Email: info@oxford-school.co.uk
Web: www.oxford-school.co.uk

STUDENT PERSONAL DETAILS																					
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other* <small>PLEASE SPECIFY</small>			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Date of Birth:			DD	MM	YYYY										
Family Name:				First Name:				Middle Initial:													
Nationality:				Name on Passport:				Passport Number:													
Occupation:				First Language:				Second Language:													
VISA DETAILS																					
Do you require a UK entry Visa for your studies? <i>(If you already have a visa to live or study in the UK, please provide us with a copy)</i>								<input type="checkbox"/> Yes <input type="checkbox"/> No													
STUDENT ADDRESS				STUDENT CONTACT DETAILS				PAYMENT BY													
Street and House Number:				Telephone No. (With Country Code):				<input type="checkbox"/> Myself													
Town/City:				Mobile No. (With Country Code):				<input type="checkbox"/> Parents													
Post Code:				Email:				<input type="checkbox"/> Company													
Country:				Emergency Email:				<input type="checkbox"/> Other													
LEVEL OF ENGLISH <i>(Please indicate your approximate level of English)</i>																					
<input type="checkbox"/> A0 – A1 / Beginner – Elementary				<input type="checkbox"/> B1 / Intermediate				<input type="checkbox"/> C1 / Advanced													
<input type="checkbox"/> A2 / Pre-intermediate				<input type="checkbox"/> B2 / Upper-intermediate				<input type="checkbox"/> C2 / Fluent													
PARENT OR GUARDIAN(S) ADDRESS <i>(If student is less than 18 years old)</i>																					
Full Name:						Email:															
Street and House Number:						Mobile No. (With Country Code):															
City/Town with Postcode:						Emergency No. (With Country Code):															
Country:						Does the next of kin speak English?				<input type="checkbox"/> Yes <input type="checkbox"/> No											
NEXT OF KIN CONTACT DETAILS <i>(In case of an emergency)</i>																					
Full Name:						Email:															
Street and House Number:						Mobile No. (With Country Code):															
City/Town with Postcode:						Emergency No. (With Country Code):															
Country:						Does the next of kin speak English?				<input type="checkbox"/> Yes <input type="checkbox"/> No											
COMPANY ADDRESS <i>(If student is sponsored by his/her employer)</i>						COMPANY CONTACT DETAILS <i>(If student is sponsored by his/her employer)</i>															
Company Name:						Contact Name:															
Street:						Position:															
Town/City:						Mobile No. (With Country Code):															
Post Code:						Emergency No. (With Country Code):															
Country:						Email:															
COURSE DETAILS																					
Your Days/Times Available				Course Type Required		Full-Time		Part-Time		Group		**One-to-one		**One-to-two							
						<input type="checkbox"/> 15 hours/week		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>							
Start Date:		DD	MM	YY	Programme Required (Select)		General English		Business English		Junior School		Conversation Class		**Specific Purpose		**Exam Preparation				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
End Date:		DD	MM	YY	**Please provide details																
STUDENT ID NUMBER <i>(Complete if relevant)</i>																					
Have you studied at Oxford ILS before? <i>(Please tick)</i>						If you already have an Oxford ILS student card, please provide your ID Number															
<input type="checkbox"/> Yes <input type="checkbox"/> No						<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Student ID Number <i>(Provided by the School):</i></td> <td style="width: 50%; text-align: center;">ID No.:</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>						Student ID Number <i>(Provided by the School):</i>	ID No.:								
Student ID Number <i>(Provided by the School):</i>	ID No.:																				

HOW DID YOU HEAR ABOUT OXFORD ILS?

<input type="checkbox"/> Friend	<input type="checkbox"/> Newspaper	Please provide details (e.g. searching on Google):
<input type="checkbox"/> Agent	<input type="checkbox"/> Publication	
<input type="checkbox"/> Internet	<input type="checkbox"/> Other	

MEDICAL DETAILS OF THE STUDENT

Do you have special health requirements (e.g. allergies, medication etc.) or any learning or access requirements due to a disability? Please tick one:

- No, I do not have any special requirements
 Yes, I have special requirement(s)
(Please provide details in the space below)

INSURANCE DETAILS

You must have valid Travel and Medical insurance if you book a course with us. Please provide us with details of your insurance cover.

Insurance Provider (Please provide contact details)

Policy Number

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Type of Insurance

Medical Yes/No _____

Loss/Theft Yes/No _____

Travel Yes/No _____

Other (Please specify) _____

PAYMENT DETAILS (Please select)

I am paying :

- Deposit of £300/£350 if accommodation is required
 Full amount
 Deposit of 30% for visa applicants
 Deposit of 30% for Junior Summer School
 Refundable damage deposit of £75 (only for Junior School)

Payment by:

- Cash (UK residents only)
 Direct Bank Transfer (additional charges apply)
 UK Sterling Bank Cheque (please write the student's name on the back of the cheque)
 Debit / Credit Card / Online (additional charges apply)
Please select Payment/Card type :

Card Authorisation:

VISA MasterCard PayPal

- I hereby authorise Oxford ILS to charge my card with the deposit of:
- | |
|---|
| £ |
| £ |
| £ |
- I hereby authorise Oxford ILS to charge my card 8 weeks before the course starts with the balance of:
- | |
|---|
| £ |
| £ |
| £ |
- I hereby authorise Oxford ILS to charge my card with the full amount now

Cardholder's Name:

Cardholder's Address:

Cardholder's Signature:

Card Number

Valid From

Expiry Date

Security Code

MM	YY		
MM	YY		
	Last 3 digits on the back of the card		

YOUR CONFIRMATION

By signing this form I agree that:

- I have read and understood the Terms and Conditions. If the applicant is less than 18 years old, a parent or guardian must sign this form. In doing so, the parent/guardian agrees to the Terms and Conditions.
- The information given by me in this enrolment form is accurate and complete.
- Oxford ILS collects and holds my data for administrative, academic, statutory, support and health and safety reasons.
- You can send me occasional information about OXF ILS Language courses and services.
- If I need medical treatment, First Aid including an anaesthetic or operation, I give permission for Oxford ILS to arrange this.

Signature of student:				Signature of parent/guardian:			
Date:	DD	MM	YY	Date:	DD	MM	YY

WHAT TO DO NEXT

Send your completed and signed Registration Form with payment to:

Oxford International Language School, The Old Music Hall, 106 - 108 Cowley Road, Oxford, OX4 1JE, United Kingdom

Tel: +44 (0)1865 403351 Email: info@oxford-school.co.uk Web: www.oxford-school.co.uk