ONLINE CLASSES REGISTRATION FORM

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The following data is necessary to process your application form to study at Oxford ILS.

To find out how we use this information please click here (privacy policy).

STUDENT PERSONAL DETAILS													
Title:	☐ Mrs	☐ Miss	☐ Other PLEASE SPECIFY	Gender:	□ Mal		r	Female	e Date of birth: DD/MM/YY				
Family name: First name:						Nationality:							
Passport number/II		Expiry date of pa	issport/ID:				Country of issue:						
Occupation:			First language:					Do you have any learning disabilities?					
			STUDENT CON	TACT DETAILS			PAYMENT BY						
Street and house nu								☐ Direct bank transfer (bank details are on the invoice)					
Town/City with pos						□ Flywire							
Country:							Sponsor/Company (Please provide details below)						
Email:			_						☐ Card (4.5% charge applies) ☐ MASTER CARD ☐ VISA				
Telephone no. (with	1 country co	ode):							☐ UK Sterling bank cheque				
			COMPANY	Y CONTACT DETAILS	S (If stude)	nt is spon	sored b	y his/h	ier employer)				
Company name:						Contact name:							
Street and house nu						Position:							
City/Town with pos	tcode:					Mobile no. (with country code):							
Country:						Email:							
		NEXT OF KI	N CONTACT DE	TAILS (In case of a	n emergen	icy. It show	uld idea	ally be	someone who lives with you.)				
Full name:						Email:							
Street and house nu	umber:					Mobile no. (with country code):							
City/Town with pos	tcode:					Relationship to the student:							
Country:						Does the	e next o	speak English?					
					COURSE D	AII C							
Diagram in disease you		· -t- level o	C Fliab,		COURSE D	Start date:							
Please indicate you A0 / Beginne	er	nate level oi		pper-intermediate		DD/MM/YY							
□ A2 / Pre-inte	□ A2 / Pre-intermediate □ C2 / I					End date: DD/MM/YY							
GE (AM) 10 hours/week GE (PM) 6 hours/week GE Intensive (AM & PM) 16 hours/week				C1 Advanced (CAE) 6 hours/week IELTS Academic 6 hours/week Kam Preparation Intensive GE (AM) + B2 First (FCE) 16 hours/week GE (AM) + C1 Advanced (CAE) 16 hours/week			Private Tuition General English Exam Preparation OET Preparation Business English Conversation & Pronunciation ESP/Other: Jumber of hours per week:						

HOW DID YOU HEAR ABOUT OXFORD ILS?														
	Friend	☐ Advertisement		Please provide details (e.g. searching on Google):										
	Agent	☐ Publication												
□ Internet		□ Other												
YOUR CONFIRMATION														
Ву	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. I have read and understood the Privacy Policy of Oxford ILS. 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. Yes 														
Signature of student:				Signature of parent/										
				guardian:										
	Date:			Date:										
	DD/MM/YY			DD/MM/YY										
WHAT TO DO NEXT														
	Email your completed and signed Registration Form to: info@oxford-school.co.uk Someone from Oxford ILS team will be in touch with you. If you have any questions, please contact us:													
	Tel:	+44 (0)1865 403351 En	nail: <u>info@oxford-</u>	school.co.uk Web: www.ox	kford-school.co.u	<u>ık</u>								