REGISTRATION FORM

No 4 Bullingdon House
174B Cowley Road
Oxford, OX4 1UE
United Kingdom
Tel: +44 (0)7495762272
Email: info@oxford-school.co.uk
Web: www.oxford-school.co.uk

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.

STUDENT PERSONAL DETAILS										
Title:	☐ Mr	☐ Mrs	☐ Miss	☐ Other* PLEASE SPECIFY	**Gender:**	☐ Male	☐ Female	**Date of birth:** DD/MM/YY		
Family name:					First name:			Nationality:		
Passport number/ID:					Expiry date of passport/ID:			Country of issue:		
Occupation:					First language:			Do you have any learning disabilities?		

STUDENT CONTACT DETAILS	PAYMENT BY
Street and house number:	☐ Cash (UK residents only)
Town/City with postcode:	☐ Direct bank transfer
Country:	☐ Sponsor/Company (Please provide details below)
Email:	☐ Card (4.5% charge applies) ☐ *MASTER CARD* ☐ *VISA*
Telephone no. (with country code):	☐ UK Sterling bank cheque

COMPANY CONTACT DETAILS *(If student is sponsored by his/her employer)*	
Company name:	Contact name:
Street and house number:	Position:
City/Town with postcode:	Mobile no. (with country code):
Country:	Email:

NEXT OF KIN CONTACT DETAILS *(In case of an emergency)*		
Full name:	Email:	
Street and house number:	Mobile no. (with country code):	
City/Town with postcode:	Relationship to the student:	
Country:	Does the next of kin speak English?	☐ Yes ☐ No

VISA DETAILS	
Do you need a UK entry visa for your studies?	☐ Yes, (Please provide us with a copy of your passport) ☐ No, I already have a valid visa or residence permit (Please provide us with a copy) ☐ No, I do not need visa

COURSE DETAILS

Tick the box with your approximate level of English:

- ☐ A0 / Beginner
- ☐ A1 / Elementary
- ☐ A2 / Pre-intermediate
- ☐ B1 / Intermediate
- ☐ B2 / Upper-intermediate
- ☐ C1 / Advanced
- ☐ C2 / Fluent

Course start date: DD/MM/YY

Course end date: DD/MM/YY

Planned entry date to the UK: DD/MM/YY

**If you are already in the UK please provide us with the date you entered the country*

Course type required :

Full-Time group class
- ☐ 15 hours/week
- ☐ 24 hours/week
  - ○ General English
  - ○ Exam Preparation*
- ☐ 30 hours/week

Part-Time group class
- ☐ General English
- ☐ Exam Preparation*

Private class
- ☐ General English
- ☐ Business English
- ☐ Exam Preparation*
- ☐ Specific Purpose*
- ☐ Conversation & Pronunciation

Junior Summer School

Only for students aged 13 to 17 years old

- ☐ Full Programme
- ☐ Weekday Programme
- ☐ Classes Only

***Please provide more details here:**
(e.g. exam, level)

MEDICAL DETAILS OF THE STUDENT	INSURANCE DETAILS
Do you have special health requirements (e.g. allergies, medication etc.) or any access requirements because of a disability? Please tick one: ☐ No, I do not have any special requirements ☐ Yes, I have special requirements (*Please provide details below*) _____ _____ _____ _____	**You must have valid Travel and Medical insurance if you book a course with us. Please provide us with details of your insurance cover:** *Policy Number:* __ __ __ __ __ __ __ __ __ __ *Insurance Provider (Please provide details below)* _____ _____ _____ *Type of Insurance (Please circle):* Medical , Loss/Theft , Travel , Other (Please specify): _____

ACCOMMODATION DETAILS *(What type of accommodation do you need? Please select)*

☐ Homestay provided by Oxford ILS	☐ I am arranging my own accommodation
What type of room do you need? (Please select): ☐ Single Number of rooms: _____ ☐ Twin (shared) Number of rooms: _____ ☐ Double Number of rooms: _____ ☐ Executive (en-suite) Number of rooms: _____	Address: _____ _____ _____ City with postcode: _____ Telephone no. _____

Arrival date: DD/MM/YY		**Departure date:** DD/MM/YY	

HOMESTAY PREFERENCES *(Complete this section only if homestay is arranged by Oxford ILS)*

Can you stay with a homestay provider that has the following? *(Please circle)*: Children: Yes / No Pets: Yes / No Smoking: Yes / No	Do you follow a special meal plan or have any special requirements? Please specify your requirements below:

AIRPORT PICK UP AND DROP OFF

Do you need airport pick up? *(Please circle)* Yes / No	**Do you need airport drop off?** *(Please circle)* Yes / No

Arrival date: DD/MM/YY	**Arrival time:**	**Departure date:** DD/MM/YY	**Departure time:**
Airline:	**Flight number:**	**Airline:**	**Flight number:**
London airport arrival: ☐ Heathrow (LHR) ☐ Gatwick (LGW) ☐ Stansted (STN) ☐ Luton (LTN) Other airport:		**London airport departure:** ☐ Heathrow (LHR) ☐ Gatwick (LGW) ☐ Stansted (STN) ☐ Luton (LTN) Other airport:	

HOW DID YOU HEAR ABOUT OXFORD ILS?

☐ Friend	☐ Advertisement	Please provide details *(e.g. searching on Google)*:
☐ Agent	☐ Publication	
☐ Internet	☐ Other	

YOUR CONFIRMATION

By signing this form I agree that:

1) 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.
2) The information given by me in this enrolment form is accurate and complete.
3) 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.
4) You can send me occasional information about OXF ILS Language courses and services.
   ☐ **I agree** ☐ **I disagree**
5) 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 to:

info@oxford-school.co.uk