



REGISTRATION FORM

The Old Music Hall
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United Kingdom

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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](#).

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:		
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:					<input type="checkbox"/> Cash (UK residents only)					
Town/City with postcode:					<input type="checkbox"/> Direct bank transfer					
Country:					<input type="checkbox"/> Sponsor/Company (Please provide details below)					
Email:					<input type="checkbox"/> Card (4.5% charge applies) <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA					
Telephone no. (with country code):					<input type="checkbox"/> UK Sterling bank cheque					
COMPANY CONTACT DETAILS <i>(If student is sponsored by his/her employer)</i>										
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 <i>(In case of an emergency)</i>										
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
VISA DETAILS										
Do you need a UK entry visa for your studies?		<input type="checkbox"/> Yes, (Please provide us with a copy of your passport) <input type="checkbox"/> No, I already have a valid visa or residence permit (Please provide us with a copy) <input type="checkbox"/> No, I do not need visa								

COURSE DETAILS			
Tick the box with your approximate level of English: <input type="checkbox"/> A0 / Beginner <input type="checkbox"/> B2 / Upper-intermediate <input type="checkbox"/> A1 / Elementary <input type="checkbox"/> C1 / Advanced <input type="checkbox"/> A2 / Pre-intermediate <input type="checkbox"/> C2 / Fluent <input type="checkbox"/> B1 / Intermediate	Course start date: DD/MM/YY <input style="width: 40px; height: 20px;" type="text"/> Course end date: DD/MM/YY <input style="width: 40px; height: 20px;" type="text"/>	Planned entry date to the UK: DD/MM/YY <input style="width: 40px; height: 20px;" type="text"/> <i>*If you are already in the UK please provide us with the date you entered the country</i>	
Course type required : Full-Time group class <input type="checkbox"/> 15 hours/week <input type="checkbox"/> 24 hours/week o General English o Exam Preparation* <input type="checkbox"/> 30 hours/week	Part-Time group class <input type="checkbox"/> General English <input type="checkbox"/> Exam Preparation*	Private class <input type="checkbox"/> General English <input type="checkbox"/> Business English <input type="checkbox"/> Exam Preparation* <input type="checkbox"/> Specific Purpose* <input type="checkbox"/> Conversation & Pronunciation	Junior Summer School <i>Only for students aged 13 to 17 years old</i> <input type="checkbox"/> Full Programme <input type="checkbox"/> Weekday Programme <input type="checkbox"/> Classes Only
*Please provide more details here: (e.g. exam, level)			

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

ACCOMMODATION DETAILS (<i>What type of accommodation do you need? Please select</i>)	
<p><input type="checkbox"/> Homestay provided by Oxford ILS</p> <p>What type of room do you need? (Please select):</p> <p><input type="checkbox"/> Single Number of rooms: _____</p> <p><input type="checkbox"/> Twin (shared) Number of rooms: _____</p> <p><input type="checkbox"/> Double Number of rooms: _____</p> <p><input type="checkbox"/> Executive (en-suite) Number of rooms: _____</p>	<p><input type="checkbox"/> I am arranging my own accommodation</p> <p>Address: _____</p> <p>_____</p> <p>City with postcode: _____</p> <p>Telephone no. _____</p>
<p>Arrival date: DD/MM/YY</p>	<p>Departure date: DD/MM/YY</p>

HOMESTAY PREFERENCES (<i>Complete this section only if homestay is arranged by Oxford ILS</i>)	
<p>Can you stay with a homestay provider that has the following? (Please circle):</p> <p>Children: Yes / No</p> <p>Pets: Yes / No</p> <p>Smoking: Yes / No</p>	<p>Do you follow a special meal plan or have any special requirements? Please specify your requirements below:</p> <p>_____</p>

AIRPORT PICK UP AND DROP OFF			
<p>Do you need airport pick up? (Please circle) Yes / No</p>		<p>Do you need airport drop off? (Please circle) Yes / No</p>	
Arrival date: DD/MM/YY	Arrival time:	Departure date: DD/MM/YY	Departure time:
Airline:	Flight number:	Airline:	Flight number:
<p>London airport arrival:</p> <p><input type="checkbox"/> Heathrow (LHR) <input type="checkbox"/> Gatwick (LGW) <input type="checkbox"/> Stansted (STN) <input type="checkbox"/> Luton (LTN)</p> <p>Other airport: _____</p>		<p>London airport departure:</p> <p><input type="checkbox"/> Heathrow (LHR) <input type="checkbox"/> Gatwick (LGW) <input type="checkbox"/> Stansted (STN) <input type="checkbox"/> Luton (LTN)</p> <p>Other airport: _____</p>	

HOW DID YOU HEAR ABOUT OXFORD ILS?		
<input type="checkbox"/> Friend	<input type="checkbox"/> Advertisement	Please provide details (<i>e.g. searching on Google</i>):
<input type="checkbox"/> Agent	<input type="checkbox"/> Publication	
<input type="checkbox"/> Internet	<input type="checkbox"/> Other	

YOUR CONFIRMATION			
<p><i>By signing this form I agree that:</i></p> <p>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.</p> <p>2) The information given by me in this enrolment form is accurate and complete.</p> <p>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.</p> <p>4) You can send me occasional information about OXF ILS Language courses and services.</p> <p style="padding-left: 20px;"><input type="checkbox"/> I agree <input type="checkbox"/> I disagree</p> <p>5) If I need medical treatment, First Aid including an anaesthetic or operation, I give permission for Oxford ILS to arrange this.</p>			
Signature of student:	Signature of parent/guardian:		
Date: DD/MM/YY	Date: DD/MM/YY		

WHAT TO DO NEXT
<p>Send your completed and signed Registration Form to:</p> <p>Oxford International Language School,</p> <p>The Old Music Hall, 106 - 108 Cowley Road, Oxford, OX4 1JE, United Kingdom</p> <p>Tel: +44 (0)1865 403351 Email: info@oxford-school.co.uk Web: www.oxford-school.co.uk</p>