

# ENROLMENT FORM



ANGLOPHILES ACADEMIC

LANGUAGE · EDUCATION · TRAVEL

Please write in CAPITALS.

## ABOUT THE COURSE

COURSE NAME : \_\_\_\_\_

Dates from : \_\_\_\_\_

to \_\_\_\_\_

Country visited : \_\_\_\_\_

PHOTO

Please add a recent photo

(scanned pictures accepted)

## ABOUT THE PARTICIPANT

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

Written as it is on passport

Date of Birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nationality \_\_\_\_\_

Sex:

F

M

Personality:

Quiet

Dynamic

Independent

Shy

Sociable

Adapts easily

Adapts with difficulty

Sports and hobbies: \_\_\_\_\_

Does the student smoke ?  Yes  No

If the student has a personal mobile phone, please write the number : \_\_\_\_\_

(Please be aware that on certain centres, restrictions apply on cigarettes.)

## ABOUT THE PARTICIPANT'S SCHOOL LEVEL

Current Class

Yr 5

Yr 6

Yr 7

Yr 8

Yr 9

Y 10

Y 11

Y 12

Y 13

Other: \_\_\_\_\_

No of years studying English : \_\_\_\_\_ years

Level of English :

Good

Average

Weak

## ABOUT THE PARTICIPANT'S HEALTH

Medical notes : (Please also complete carefully the Health Form provided)

Allergies: \_\_\_\_\_

Other conditions :

Asthma

Bedwetting

Physical handicap

Depression

Convulsions

Diet/ special food requirements : \_\_\_\_\_

Medical treatment in progress \_\_\_\_\_

## ABOUT THE PARENTS/GUARDIANS

Marital status

Married

Live with partner

Single

Separated

Divorced

Widowed

In case of separation, who has custody of the child ?

Father

Mother

Other (name): \_\_\_\_\_

IMPORTANT, TO AVOID CORRESPONDENCE ISSUES, PLEASE WRITE CAREFULLY YOUR NAME, ADDRESS, TELEPHONE NUMBER AND EMAIL ADDRESS

### GUARDIAN - PARENT 1 (IN CAPITALS PLEASE)

SURNAME \_\_\_\_\_

First name \_\_\_\_\_

Address \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Mobile : \_\_\_\_\_

(one of these numbers must be reachable at all times)

EMAIL: \_\_\_\_\_

(email address is essential for some documents)

Profession: \_\_\_\_\_

### PARENT 2 - OR OTHER CONTACT

SURNAME \_\_\_\_\_

First name \_\_\_\_\_

Home tel : \_\_\_\_\_

Mobile : \_\_\_\_\_

EMAIL: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Parents' Special Requests

## SPORT OPTION (if chosen)

Level :

Beginner

Average

Advanced

Instrument :

Weight: \_\_\_\_\_ Height (cm) \_\_\_\_\_

Level:

Beginner

Average

Advanced

## HOST FAMILY ACCOMMODATION

Would like to be placed with a friend named : \_\_\_\_\_

## RESIDENTIAL ACCOMMODATION

Would like to be accommodated with a friend named : \_\_\_\_\_

## ABOUT UNACCOMPANIED EVENING OUTINGS

This regulation concerns evening outings not accompanied by an adult and not organised by Anglophiles

Family stays

7-14 yrs

not allowed

15 yrs +

until 22h, 3 times a week

(The permission to go out is at the host family's discretion)

Parents remarks

We allow our child (15 yrs or over only) to go out as per Anglophiles rules above

We do not allow our child to go out unaccompanied in the evening

Residential stays

Outings are not allowed whatever the student's age

## ENGAGEMENT

Anglophiles Academic reserve the right to use any photos or video film taken of students during their holiday with us to illustrate our stays for future publicity. If you do not want images of your to be used in future publicity materials then we must receive a letter sent by "courier" mail expressing this and received no later than 4 weeks prior to your child's arrival.

ENGAGEMENT:

I, undersigned \_\_\_\_\_,

father, mother, guardian, authorise the Centre Manager or the Host Family, with whom my child is staying

to seek treatment for my child in case of illness and allow my child to undergo any necessary emergency surgical procedure

according to medical advice.

At: \_\_\_\_\_ on: \_\_\_\_\_

Signature: \_\_\_\_\_

### MEDICAL INSURANCE

Optional medical insurance: (extra charge will apply)

Yes

No

Date stamp: \_\_\_\_\_

Client Code: \_\_\_\_\_

FM

ATTEST

