



London Teenager Programme 2019

Enrolment and parental consent form

Please complete this form in CAPITALS and send with a deposit of £500.

Student Details

Family Name: _____ Given & Other Names: _____

Date of Birth: _____ Male Female Students' mobile number: _____

Nationality: _____ First language: _____

If you are applying for a **visa**, please send us a copy of your passport.

I wish to book: Teenager Residential Programme LTR Teenager Programme Day School LTD Number of weeks: _____

Arrival Date (Sunday-Residential/Monday-Day School): _____ Departure Date (Saturday): _____

Estimated Level: A1-Beginner A2-Elementary B1-Intermediate B2-Upper Intermediate C1-Advanced

Preferred workshop and activity option*: Discover London Fashion, Art & Design Sports Fan

* Students who do not have a preference will be placed on the Discover London programme.

Would you like to take the Trinity English Examination (extra £130) Yes No

How did you hear about Frances King? I studied at Frances King before: (if so, when?) _____ A friend/relative

Frances King website Other website _____ I saw the school English UK The British Council

Local Educational Advisor: Name _____

Parent/Guardian details (in your country)

Name: _____ Relationship to child: _____

Address: _____

Email: _____ Telephone: _____

Mobile: _____

Parent/Guardian details while child is in London (if different from above)

Name: _____ Relationship to child: _____

Address: _____

Email: _____ Telephone: _____

Mobile: _____

Medical Information

Students are accepted on the understanding that they are in good health. If we are not told in advance about a physical or medical condition we reserve the right to exclude students from the course. **Please answer all questions so that we can process your enrolment.**

European Health Insurance Card Number (EU students only)*: _____

*Please bring your European Health Insurance card and keep it with you.

Does your child take any regular medication which he/she will bring with him/her? Yes No

Will your child bring any other medication? Yes No

Does your child suffer from any serious illnesses, allergies or behavioural problems?
(e.g. asthma, diabetes, epilepsy, nut allergy, panic attacks, etc.) Yes No

Additional Information regarding the above: _____

In the case of minor pain or illness, such as headaches, mild cold or sore throat, do you agree to your child being given non-prescription medicine such as paracetamol, cough medicine, throat pastilles, anti-histamines, travel sickness tablets? Yes No

If no, please explain your reason: _____

Emergency Hospital Treatment

In case of a medical emergency, every effort will be made to contact you, the child's parents/guardians, as quickly as possible. If your child needs an emergency operation, do you give permission for the Course Director to sign the necessary consent form? Yes No

Food and Dietary Needs

Is your child allergic to any foods? Yes No

Is there any other information we need to ensure the health and well-being of your child? This information will be treated as confidential. Yes No

Additional Information regarding the above: _____



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Travelling alone to/from school and unsupervised free time

All students on the London Teenager Programme leave the campus in organised trips led by Frances King staff. 16/17 year olds can also go out in small groups to local shopping and recreational areas between 6.30-8.00 pm, subject to certain rules of behaviour.

Does your child have permission to leave the campus in unsupervised groups? Yes No

Permission to travel alone to/from campus (Day school students only)

All students must be accompanied to and from the campus on their first day. Students aged 14 and over may travel alone for the rest of the course.

Does your child have permission to travel unaccompanied to/from the campus everyday? Yes No

Transfer Details for Residential Students

Student's mobile telephone number: _____

My child is travelling with or being met on arrival by an adult of 21 or over who will bring him/her to the campus at (time) _____ on (date) _____

Accompanying Adult Name: _____ Contact number: _____ Relationship to the student: _____

My child requires a: arrival departure transfer from: Heathrow Gatwick St Pancras Other _____

*All students must be accompanied to and from the centre upon arrival and departure. Proof of transfer arrangements is required for visa applications.

Transfer Details for Residential Students

Arrival Date: _____ Time: _____

Departure Date: _____ Time: _____

Flight Number: _____

Flight Number: _____

Departing From: _____

Departing From: _____

Arriving at: _____

Terminal: _____

Terminal: _____

Arriving at: _____

Is your child registered with the airline as an Unaccompanied Minor? Yes No

Payment

- Students who need to apply for a visa are required to pay the fees in full at the time of booking.
- Students who do not need a visa to study must pay the deposit of £500 and the remaining fees 6 weeks before the course starts.

Payment: £500 Deposit Payment in full of £ _____

By: credit card online at <https://secure.francesking.com/payment-london>

I will send a card authorisation form (please ask us for the form)

Sterling cheque (drawn on an English bank in UK)

International Bank Transfer

**Our bank account details are: Business Education trading as Frances King School of English, National Westminster Bank, 208 Piccadilly, London W1A 2DG UK
Bank Sort Code: 56 00 03 IBAN BIC NUMBER (SWIFT): NWBKGB2L
Account number: 17054524 IBAN NUMBER: GB62 NWBK 5600 0317 0545 24**

Pay To Study: <http://franceskingschoolofenglish.paytostudy.com>

Frances King is not responsible for your bank transfer charges. Please send a copy of the bank transfer with your enrolment form. Please make certain that the student's name appears clearly on the bank transfer.

Declaration

I confirm that the above details are correct and complete. I have read and understood "London Teenager Programme – Enrolment Details, Terms and Conditions 2018" and agree to the terms and conditions.

Full name in capital letters: _____ Relationship to student: _____

Signature: _____ Date: _____ (Day / Month / Year)