



<b>Personal and Academic - Please complete</b>									
Family Name						First Name			
Home Address:									
Email Address:									
Telephone		Mobile:			Home:				
Nationality					Native Language				
Sex (male/female)					Date of Birth				
Do you smoke?					Do you object to smokers?				
Do you object to young children?					Are you allergic to cats/dogs?				
Health problems/allergies?		Yes/No			Details:				
Any special dietary requirements?		Yes/No							
Any medicines carried?		Yes/No							
If yes - please give details. (Headed certificate signed by your family doctor required.)									
Interests and hobbies									
<b>Level and Skills</b>									
LEVEL OF ENGLISH?		Speaking		Listening		Reading		Writing	
From 1 to 10 (1 low/10 high)									
Mark in class									
Name of school/university									
Please give details of any academic courses you are following, or examinations studied for:									
Have you attended a Channel English Studies course before, if so when?									
<b>Dates and Duration (All courses begin on Sunday and end on Saturday)</b>									
Date of Arrival							Number of weeks [       ] weeks		
Date of Departure									
<b>Arrival Details and Taxi Transfers</b>									
Do you require a taxi transfer to/from your host family?					YES		NO		
If yes, taxi fare to be paid directly to the driver in GBP sterling.									
<b>GENERAL AND JUNIOR COURSES – Age 12 +</b>									
One to one		Two to one		Name of person you are sharing with					
Hours tuition per week		10		15		20		25	

**IN ENGLISH, please write a short description of yourself and your objectives in attending a Channel English Studies Course**

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**Parental Authorisation :** This Section **MUST** be completed by a parent or legal guardian for any child under the age of eighteen

Name of Parent or Guardian			
Address (if different from Section One)			
Profession	Father		Mother
EMERGENCY CONTACT. Please give details of two contacts that can be reached in an emergency			
Name		Mobile	
Name		Mobile	
Please note children under the age of 18 are not permitted out of the teacher's home alone after 19.00 (Any variation must be authorised in writing by the parent for a specific activity)			
Any activities you do not wish your child to participate in?			
MEDICAL AUTHORISATION: In the event of an emergency, I authorise the NHS to take all measures necessary (including surgical intervention and blood transfusions) which may be necessary to safeguard my child's life in accordance with the law of professional ethics			
.....			
<b>Signature of Parent or Legal Guardian</b>			
Please note that entering a "Yes" indicates agreement with the authorisation above.		Yes	No
Any physical or psychological condition, including anorexia or bulimia must be disclosed on the registration form at the time of booking.. All personal information will be dealt with in the strictest confidence.			

**PAYMENT DETAILS: by bank transfer**

Please confirm the name and address of the person or company responsible for payment of fees.

NAME

ADDRESS