



Please complete this form in CAPITALS and and tick (\checkmark) where appropriate

Personal De	etails (please write y	our name exactly	as it is written in your pas	ssport)	Company or Sponsor Details (DO NOT complete if you are paying for yourself)					
Family Name:					Name of company or sponsor:					
First Names:					Address:					
Address in your country:					Address.					
Postcode:		Country:			Telephone:					
Mobile:					Email:					
Telephone:					Emergency Contact Details					
Email:					Family Name:		First Name:			
Nationality:		First language:			Relationship					
Date of birth:		Age:			to you:					
Sex:	Female Male	Occupation:			Telephone:					
Address in London (if known):					Mobile:					
Telephone in London:					Email:					
How did you hear about Frances King?										
Do you need to apply for a visa before entering the UK? Yes No Will you apply in your own country (pre-entry clearance)? Yes No If yes, which visa will you apply for? Short-term Student Visa (6 months STSV-6) Short-term Student Visa (11 months STSV-11) Short-term Student Visa (Child STSV-C)										
If you are applying for a visa, you must send a copy of your passport with the Enrolment Form. Visa students should send a copy of their passport or valid UK visa with the Enrolment Form I would like to receive my visa letter by: Email (PDF) Post DHL (£45)										
Course I wou	uld like to book the fo	llowing:								
Course Name			Course Number	Lessons Per Week	Number o Weeks	f Start Date	Finish Date	Preferred Time (for Private Lessons only)		
			'					,		
Online Course I would like to book the following:										
Course Name			Course Code	Lessons Per Week	Number o Weeks	f Start Date	Finish Date	Preferred Time (for Private Lessons only)		
Level of English Beginner (A1) Elementary (A2) Intermediate (B1) Upper intermediate (B2) Advanced (C1) Proficient (C2) (you can test your level of English at: https://test.francesking.com) Do you have any learning difficulties (e.g. dyslexia)?										





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Accommodation I would like to book the following:											
Accommodation Name	Accommodation Code	Number of Weeks	Arrival Date	Departure Date							
1st Choice:											
2nd Choice:											
Supplement:											
Homestay bookings only: Do you want? Internet access (WIFI) Yes No Private Bathroom (A12 weekly supplement) Yes No Do you have a strong dislike/allergy to: Cats? Yes No Dogs? Yes No Do you eat meat? Yes No Do you eat fish? Yes No Do you smoke? Yes No If yes, are you happy to smoke outside? Yes No Do you have any special requirements? (i.e disabilities, diet):											
Transfers - (Airports and Stations)											
Arrival transfer: Flight arrival time/date/city:											
Medical, Travel and Course Insurance											
Before you arrive in the UK, you should take out insurance for your own financial and personal security. You can take out your own insurance or the International Student Policy offered by guard.me. Please book insurance for me with GuardMe I will arrange insurance with another company and bring a copy of my insurance policy with me											
Payment											
l enclose: Registration fee of £100 and course only deposit of £200 Registration fee of £100 and course and accommodation deposit of £500 Payment in full of £ Payment in full of £ Method of payment: TransferMate/PayToStudy: http://franceskingschoolofenglish.paytostudy.com Credit card online for £ at: https://francesking.com/payment/ International Bank Transfer for £ to: Business Education Ltd trading as Frances King School of English. National Westminster Bank plc, Piccadilly. Bank sort code: 56 00 03 IBAN BIC Number (SWIFT): NWBKGB2L Account Number: 17054524 IBAN Number: GB62 NWBK 5600 0317 0545 24											
Please send a copy of the bank transfer with your Enrolment Form with the student's name clearly on the bank transfer											
☐ I will send a card authorisation form (please ask us for the form) ☐ Company payment: my company will pay for my course and accommodat	tion. Position in compa	ny:	Email:								
I understand and agree to the conditions of enrolment and I confirm that the above details are correct and complete.											
Name: Signature:			Date:	(Day / Month / Year)							
If the student is under 18, a parent or quardian must sign this form and in doing											

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Consent Form completed/signed by a parent or guardian.