

Registration form

1. Personal details

Family name: _____

First name: _____

Title: Mr Ms Mrs Miss

Correspondence to: student/parents company

Address: _____

Town: _____

Postcode: _____

Country: _____

Tel. with code: _____

Mobile: _____

Emergency tel. with code: _____

Parents' Email address: _____

Student's Email address: _____

Nationality: _____

Mother tongue: _____

2nd language (if bilingual): _____

Sex: _____

Date of birth: _____

Smoker: yes no

Special diet/allergies: _____

Medications not permitted: _____

How long have you been studying the language? _____

Level: 1 = beginner 5 = very good

oral: 1 2 3 4 5

written: 1 2 3 4 5

Have you attended an OISE course before? yes no

If yes, which school(s) and year(s): _____

2. Course

The Sherbourne Priors Education

The Early Years Foundation

The Full Study Course

The Extended Study Curriculum

The American English Program 17.5 hours per week (Boston)

The A.L.P.

The Future Diplomat

The Examination Programmes:

Cambridge or IELTS

School selected

First choice: _____

Second choice: _____

Please note: all programmes for young learners are subject to place availability. Please indicate a first and second choice.

3. Course and accommodation dates

Courses:

from: _____ to: _____

Accommodation:

from: _____ to: _____

4. Accommodation

Accommodation required:

homestay college none*

*If none, please supply the address where you will be staying.

5. Passport details

Name as it appears in passport: _____

Passport number: _____

6. Where did you hear about OISE?

newspaper, which newspaper/magazine? _____

advertisement, which publication? _____

language course guide, which guide? _____

internet, which website? _____

exhibition, which fair? _____

recommendation by friend/colleague _____

other, please specify: _____

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7. Travel details

Transfer: yes no

OISE cannot guarantee a transfer unless the travel details are known 14 day in advance of arrival. Please send ticket details as soon as they are available, or complete below:

Arrival:

Airport _____

Flight number _____

Date (dd/mm/yy) _____

Time _____

Departure:

Airport _____

Flight number _____

Date (dd/mm/yy) _____

Time _____

8. Welfare information

Personality: sociable shy

Sports not permitted: _____

Profession of: _____

Father: _____

Mother: _____

Dates of birth of brothers/sisters: _____

Name of your school and language teacher: _____

Childhood diseases: chicken pox measles mumps
other: _____

Evenings out:
(Applicable to homestay courses only because students on residential courses need to attend the activity programme.)

Student authorised to stay out evening without supervision?
 yes (14-17 years: 22.00) no

Please note that staying out times requested by OISE staff or host families will take precedence over those detailed above.

9. Insurance, payment and signature

Please give details of your insurance cover:

I want to pay my deposit of GBP 300 / USD 500 / 400 EUR

I want to pay my full course fees

I want to pay by:

attached cheque in UK £ Sterling bank transfer

credit card: VISA Mastercard

Card number: _____

Expiry date: - CCV: _____
(on back of card)

Cardholder: _____

Please give name and address of cardholder if details differ from those listed under Personal details.

I give permission for photographs of my child to be used in marketing material by OISE yes no

I agree to the use of my personal information, including my health and religious or dietary requirements, set out in the terms and conditions. yes no

I agree that you can send me occasional information about OISE group courses and services. yes no

I have read the Terms and Conditions and agree to abide by them

Signature of parent: _____ Date: _____

Student signature: _____ Date: _____

Please return this form to:

OISE Young Learners
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38 Binsey Lane
Oxford, OX20EY, UK
+44 1865 258333
Email: info@oise.com