

# Registration form

## 1. Personal details

Family name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Title: Mr  Ms  Mrs  Miss   
Gender: Male  Female   
Date of birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
First language: \_\_\_\_\_  
Second language: \_\_\_\_\_

## 2. Contact information

Student home address: \_\_\_\_\_  
Town: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Student phone with code - home: \_\_\_\_\_  
Student phone with code - mobile: \_\_\_\_\_  
Student email: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_  
Parent/Guardian email: \_\_\_\_\_

## 3. Course information

The Future Novelist (15-17 years)  
 The Future Diplomat (15-17 years)  
 Academic English for Exam Preparation (13-17 years)  
 The Subject Immersion Programme (13-17 years)  
 The Irish Summer School Education (13-17 years)  
The Summer School Education  
 (11-13 years)  (13-17 years)  
 The Oxford College Experience (14-17 years)  
 American English in Boston (14-17 years)  
 Newbury Hall International Study Centre (13-17 years)  
 Sherbourne Priors Education (7-13 years)

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.

Course dates: from \_\_\_\_\_ to \_\_\_\_\_

## 4. Accommodation

Accommodation required:  
Homestay  Residential  None   
If none please supply the address where you will be staying.  
Accommodation date:  
from: \_\_\_\_\_ to: \_\_\_\_\_  
Accommodation special requests: \_\_\_\_\_  
Student authorised to stay out evening without supervision?  
(22pm latest) Yes (14-17 years)  No   
Please note that staying out times requested by OISE staff or host families will take preference over those detailed above.

## 5. Language requirements

Language level  
1= beginner 5=very good  
Oral: 1  2  3  4  5   
Written: 1  2  3  4  5   
How long have you been studying the language?  
\_\_\_\_\_  
Have you attended an OISE course before?  
Yes  No   
If yes, which school(s) and year(s)?  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Travel information

Arrival date: \_\_\_\_\_  
Arrival time: \_\_\_\_\_  
Arrival airport: \_\_\_\_\_  
Arrival flight number: \_\_\_\_\_  
Arrival terminal number: \_\_\_\_\_  
Arrival flight origination: \_\_\_\_\_  
Arrival transfer needed? Yes  No   
Departure date: \_\_\_\_\_  
Departure time: \_\_\_\_\_  
Departure flight number: \_\_\_\_\_  
Departure terminal number: \_\_\_\_\_  
Departure flight destination: \_\_\_\_\_  
Departure transfer needed? Yes  No   
Passport name: \_\_\_\_\_  
Passport number: \_\_\_\_\_  
Passport expiry date: \_\_\_\_\_

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## 7. Emergency contact details

Emergency contact name:

\_\_\_\_\_

Relationship of emergency contact to student:

\_\_\_\_\_

English spoken by emergency contact?

Yes  No

Emergency contact home phone number:

\_\_\_\_\_

Emergency contact mobile phone number:

\_\_\_\_\_

Emergency contact email:

\_\_\_\_\_

## 10. Where did you hear about OISE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 8. Welfare information

Special requirements: diet/allergies \_\_\_\_\_

\_\_\_\_\_

Do you have any medical condition we should know about?

\_\_\_\_\_

Medication not permitted: \_\_\_\_\_

If for any reason it is not possible to contact the parents, the school staff have authorisation to take any necessary decision concerning all medical treatment (including emergency treatment). In all cases the advice of the medical professional will be taken.

Medical treatment to be followed during stay:

\_\_\_\_\_

Childhood diseases: chicken pox  measles  mumps

others: \_\_\_\_\_

Sports not permitted: \_\_\_\_\_

Personality type: Sociable  Shy

## 11. Data protection

I agree to the use of my personal information to book a course with OISE

I give permission for photographs of my child to be used in marketing material by OISE:

Yes  No

I agree that you can send me occasional information about OISE courses and services:

Yes  No

## 9. Insurance

I have comprehensive travel & personal insurance:

## 12. Terms and conditions

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

Signature of parent/guardian: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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

Please return this form to:

OISE Young Learners  
OISE House,  
38 Binsey Lane  
Oxford, OX2 0EY, UK

Tel: +44 1865 258333  
Email: [info@oise.com](mailto:info@oise.com)  
[oise.com](http://oise.com)