



# SHORT STAY APPLICATION FORM

Proposed Dates of Study ..... Year Group of Entry .....

## 1 STUDENT'S DETAILS

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Surname of Child .....

First Names ..... Preferred Name.....

Nationality..... Date of Birth..... Gender.....

Religion..... First Language .....

Primary Address (including country) .....

..... Post Code .....

## 2 AGENT DETAILS

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If applying through an agent, please provide their full name and address .....

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## 3 PARENT 1 / LEGAL GUARDIAN

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Title .....

First Name .....

Surname .....

Day Time Tel No. ....

Mobile No. ....

Email .....

Address (if different to the address given in section 1)  
.....  
..... Post Code .....

Occupation .....

## PARENT 2 / LEGAL GUARDIAN

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Title .....

First Name .....

Surname .....

Day Time Tel No. ....

Mobile No. ....

Email .....

Address (if different to the address given in section 1)  
.....  
..... Post Code .....

Occupation .....

## 4 ABOUT YOUR CHILD

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Child's current school .....

Address .....

Name of Head/Principal .....

Please outline any of your child's hobbies and interests.

Please provide us with details of any medical conditions, health problems or allergies affecting your child; any learning difficulty or special educational needs of your child; and / or any behavioural, emotional and / or social difficulty of your child.

Please confirm whether your child will require sponsorship from the School in order to obtain a visa to study in the UK:

Yes

No

## 5 DECLARATION

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I / We confirm that, to the best of my / our knowledge, the information given on this Short Stay Application Form is complete and accurate.

I / We accept that the information I / we have given may, and if necessary, for the purposes of processing my / our child's application be disclosed to any relevant school staff and / or official advisers.

Please note that short stay applications will be accepted subject to availability and we cannot guarantee the requested dates will be available. Upon receipt of this form, the Head of Admissions will confirm the availability.

A deposit of at least 10% of the course fees will be required in order to hold the confirmed dates. The balance of the course will be payable at least 4 weeks prior to the arrival date.

### Parent 1

### Parent 2

|                       |       |       |
|-----------------------|-------|-------|
| Name in Full          | ..... | ..... |
| Date of Birth         | ..... | ..... |
| Relationship to child | ..... | ..... |
| Signature             | ..... | ..... |
| Date                  | ..... | ..... |