



Student Details

First Name:

Family Name:

Mobile Number:

PLEASE PROVIDE THE NUMBER OF THE
MOBILE/CELL PHONE THE STUDENT WILL
BE BRINGING TO SUMMER SCHOOL

Nationality:

Male

☐

Female

☐

Date of Birth:

DAY / MONTH / YEAR

Parent/Guardian Contact Information

In the event of an emergency, we will contact the 1st named parent/guardian first, and then the 2nd named parent/guardian. The first address below may also be used for billing purposes.

1st Parent/Guardian First Name:

1st Parent/Guardian Family Name:

1st Parent/Guardian Email:

Contact Number:

Address:

2nd Parent/Guardian First Name:

2nd Parent/Guardian Family Name:

2nd Parent/Guardian Email:

Contact Number:

Address:



Level of English

Number of years learning English:

Previous English certificates and scores:

(For example, KET, PET, IELTS, TOEFL)

Current level of English (please tick the closest level that applies)

A1

☐

Beginner

A2

☐

B1

☐

Intermediate

B2

☐

C1

☐

Advanced

☐

Please tick here if you would like to opt into our Academic English classes
(only available for students at C1+ and 15 years and above)

Summer Course + Skills Academies

Please select a course below. Tick both if you want to stay for 4 weeks.

Course 1 (two weeks)
7th July – 21st July 2027

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Course 2 (two weeks)
21st July – 4th August 2027

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Skills Academies usually run for 1 week. Each 2-week course will enable students to choose 2 different academies. Please choose TWO Skills Academies. Choose one only if you want to do the same academy over a two-week period.

British Sports

(No Additional Fees)

☐

Cookery School

(No Additional Fees)

☐

Design & Draw

(No Additional Fees)

☐

Digital Creators

(No Additional Fees)

☐

Outdoor Adventure

(No Additional Fees)

☐

Performing Arts Studio

(No Additional Fees)

☐

Global Leadership

(No Additional Fees)

☐

Riding School

(Additional £280 per week)

☐

Tennis Academy

(Additional £125 per week)

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What is your knowledge or experience in your chosen Skills Academies?

Agreement of Terms

Following submission of this application form, an initial deposit of £500 must be made to secure the booking. Full payment must be received 6 weeks before the start of the course.

A [health questionnaire](#) and [travel information form](#) will be sent to you after submitting this form.

Name:

Date:

Signature:

By signing the above, you confirm that:

1. You understand and agree to the Dean Close Summer School terms and conditions for booking
2. You are the student's parent, legal guardian or representative agent
3. You are responsible for the payment of the fees associated with this application
4. All of the information included in this form is accurate and correct