APPLICATION FORM













SUMMER COURSES AT BOSWORTH INDEPENDENT SCHOOL, CATS CAMBRIDGE, CATS BOSTON, GUILDHOUSE SCHOOL LONDON, THE WORTHGATE SCHOOL, CSVPA & STAFFORD HOUSE STUDY HOLIDAYS

WEB: STUDYHOLIDAYS.COM | EMAIL: RESERVATIONS@STAFFORDHOUSE.COM | PHONE: +44 (0) 1227 787 730

Please complete this form in **CAPITAL LETTERS** in black ink.

STODENT DETAILS				
Family Name	Home Address			
First Name				
Student's Preferred Name				
Nationality	Country	Postcode		
Date of Birth	Home telephone number			
Sex Male Female	Student's mobile number			
Preferred Gender (if different to sex): Male ☐ Female ☐ Non-binary ☐ Other/prefer not to say ☐	Student's email address			
PARENT/GUARDIAN'S DETAILS (mandatory)				
MR/MRS/MS/DR/OTHER	Home Address			
Family Name				
First Name				
Relationship to student				
Nationality	Country	Postcode		
Home telephone	Work telephone number (if applicable)			
Mobile number	Email address			
EDUCATIONAL REPRESENTATIVE DETAILS				
Have you used an educational representative during your application?			Yes □ No □	
If yes, you MUST complete the details below before we can process your application:				
Name of Representative / Agency				
Name of Counsellor				
Counsellor's email address				
COURSE(S) REQUIRED (If applying for more than one course use the	additional spaces provided belo	w)		
Course	Centre	Preferred Dates		
Course	Centre	Preferred Dates		
Course	Centre	Preferred Dates		
Course	Centre	Preferred Dates		
Accommodation	Catered Residence	Home-stay (CANTER	BURY ONLY)	
Do you have any special accommodation requests or requirements? (Please note special requests may not be guaranteed)				
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INSURANCE

All students must take out comprehensive travel insurance before traveling to the UK/USA

Page 1 Number Page 1 Number 1 Number Page 1 Number 1	FLIGHT DETAILS (If available)						
Activate Time (BPCAZS) Tennine Required?* Yes No	ARRIVAL		Flight Number				
Transisk Required?* Note Note Priying as Unicocompanied Minor Priying Associated Minor Priyin	Departing From (airport & terminal)		Departure Time (local time)				
Depending From shirted Seminals Depending From Seminals	Arriving To (airport & terminal)		Arrival Time (UK/US)				
Departing From Biliport & terminals Arrong To (purpor & terminal) Arrong Time (post bring) Families Required? Yes _ No _ Replication From Replication From Proceedings of the Common Process of th	Transfer Required?*	Yes ☐ No ☐	Flying as Unaccompanied Minor?		Yes ☐ No ☐		
Arriveg To (export is terminal) Arriveg To (export is terminal) Faracter Required?* Yes No	DEPARTURE		Flight Number				
Trainable Required? Yes No Pyting as Unaccompanied Minor? Yes No Pyting as Unaccompanied Minor Min	Departing From (airport & terminal)		Departure Time (UK/US)				
**Plyout do not insulate a transfer, ploase provide the name and central number of the person / company thing the transfers. Shared Transfers not included for individual or the Nath American agents at 10 fections from tumber of the person / company thing the transfers of the person / company thing the transfers of the person / company thing the transfers of the person / company thing the person of the course for the tumber of the person / company thing the person of the course for the person of the course for t	Arriving To (airport & terminal)		Arrival Time (local time)				
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MEDICAL & WELFARE INFORMATION To creation to 1 book after you'your child and to crease that you'they are safe and happy while in our care, please can we ask you to complete the medical information requested below. All fields in this section MUST be completed. All students' medical informations is kept security, and even will only share it with people who are directly invested in caring for you'your child with go them who my outthing are three professionals, designated school staff and relevant members of our administrative town. Does the student may a disability, terming difficulties or special needs? If yes, please specify, Does the student three any meliogies? If yes, please specify, Pos No Does the student have any idealized. If yes, please specify, If you would like to provide any additional information, you can stach additional pages to this form. Our nurse or welfare officer may get in touch with you, if needed, to discuss any special requirements confidentially. MEDICAL CONSENT This medical consent section must be signed and completed by the private or legal guardian for students under 18 years old. I consent to Stafford House Study Holidoys processing mylmy child's medical information/filergies/disabilities that have the provided as part of this application. Signature of the student (to be completed by students who are 189): Signature of the student for students under 18 years old; Date You have the right to withdraw your consent at any time by emailing the CATS data protection afficer on DPO@cotscollege.com. DECLARATION AND SIGNATURE Date D	students on our Summer programme at all UK centres from London airports and at our Boston centre from Boston airport. Extra charges will apply for private transfers and other North American centres Students under 18 years must be accompanied to/from the airport by an adult. (We include an assisted check-in on departure service in the course fee for individual students aged 15 and under enrolled on our junior summer courses, this is different to an Unaccompanied Minor service which incurs an extra charge). We cannot let						
To enable us to look after you'your child and to ensure that you'they are safe and happy while in our care, please can we ask you to complete the medical information requested heldow. All fields in this section MUST be completed. All students medical information is kept securely, and we will only share it with people who are directly relevant members of our administrative team. Does the student have a disability, learning difficulties or special needs? Type, please specify. Does the student have any additional information, you can attach additional pages to this form. Our nurse or welfare professionals, designative deholostically learning difficulties or special needs? Type, please specify: Does the student have any additional information, you can attach additional pages to this form. Our nurse or welfare officer may get in touch with you, if needed, to discuss any special requirements confidentially. MEDICAL CONSENT This medical consent section must be signed and completed by the parent or legal guardian for students under 18 years old. I consent to Stafford House Study Holidays processing my/my child's medical information/altergies/disabilities that have been provided as part of this application. Signature of the student (to be completed by students who are 18+): Signature of the parent/legal guardian (for students under 18 years old): Detail to the fight to withdraw your consent of any time by emailing the CATS data protection afficer on DPO@cotsocilege.com. Declaration and conditions as provided and enclose payment details or proof of my bank transfer. Signature of the student (if 18+) or parent/legal guardian (for students under 18 years old): Declaration and conditions as provided and enclose payment details or proof of my bank transfer. Signature of the student (if 18+) or parent/legal guardian (for students under 18 years old): Declaration and conditions as provided and enclose payment details or proof of my bank transfer. Signature of the student (if 18+) or parent/legal guardian (for	If you have not yet booked flights, please i	inform us of these at least 4 weeks prior to a	rrival.				
requested below. All fields in this section MUST be completed. All students' medical information is kept securely, and we will only share it with people who are directly involved in caring for younguer, third using the time when you'they are corrolled with us, this may include healthcare, weffere professionals, designated school staff and relevant members of our administrative team. Does the student have a disability, learning difficulties or special needs? Yes Does the student have a disability, learning difficulties or special needs? Yes Does the student have any allergies? Yes Does the student take any medication? Yes Does the student take any medication? Yes Does the student have any distary requirements? Typus, please specify; **New would like to provide any additional information, you can attach additional pages to this form. Our nurse or welfare officer may get in touch with you, if needed, to discuss any special requirements confidentially. **NeEDICAL CONSENT** This medical consent section must be signed and completed by the parent or legal guardian for students under 18 years old. I consent to Stelford House Study Holidays processing my/my child's medical information-fellorgies/disabilities that have been provided as part of this application. Signature of the student (to be completed by students who are 18+): Signature of the parent/legal guardian (for students under 18 years old): **PRINT NAME** **Date** **Date** **DecLARATION AND SIGNATURE** PRINT NAME** **Date** **Date** **DecLARATION and conditions as provided and enclose payment details or proof of my bank transfer. **Signature of the student (if 18+) or parent/legal guardian (for students under 18 years old): **PRINT NAME** **Date** **DecLARATION AND SIGNATURE** **PRINT NAME** **Date** **Date** **PRINT NAME** **Date** **PRINT NAME** **Date** **PRINT NAME**	MEDICAL & WELFARE INFORM	IATION					
If yes, please specify: Does the student have any allergies? Yes No	requested below. All fields in this section N involved in caring for you/your child during	MUST be completed. All students' medical in g the time when you/they are enrolled with u	formation is kept securely, and we will only s	hare it with peop	le who are directly		
If yes, please specify: Does the student take any medication? Yes No	1	g difficulties or special needs?			Yes 🗌 No 🗍		
If yes, please specify. Does the student have any dietary requirements? Yes No					Yes 🗌 No 🗍		
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Email □ Phone SMS □ Social messaging □ Social media □							
YOU WILL NOT BE CONTACTED BY ANY THIRD PARTIES AND YOU CAN UNSUBSCRIBE AT ANY TIME.							

PAYMENT

- For UK centres, we require a non-refundable deposit of £200 at the time of booking. This reserves your place on the course pending final payment.
- For US centres, we require a non-refundable deposit of \$250 at the time of booking. This reserves your place on the course pending final payment.
- Payments can be made by bank transfer (Option 1) or by online payment via Flywire (Option 2). The full details for both payment options are provided on this form below. If you wish to pay by credit or debit card, please use the Flywire link provided (Option 2). Please ensure that you select the correct currency when using either payment option.
- We do not accept American Express or Diners cards.
- · The balance must be paid at least one month before arrival.
- Please note that all bookings are subject to our Terms and Conditions.
- The student's parent or guardian must complete their details on the previous page. We cannot accept bookings without this information.

PLEASE PAY YOUR DEPOSIT OF £200/\$250 USING ONE OF THE FOLLOWING TWO OPTIONS:

OPTION 1: BANK TRANSFER

Account Name & Address	GBP £ payments	US \$ Payments
Stafford House Study Holidays Ltd National Westminster Bank PLC City Centre Branch 11 The Parade Canterbury Kent CT1 2SQ United Kingdom	Bank account number: 46129766 Sort code: 60 04 27 IBAN Number: GB68NWBK60042746129766 Swift/BIC Code: NWBKGB2L	Bank account number: 140/00/93512252 Sort code: 60 04 27 IBAN Number: GB39NWBK60730193512252 Swift/BIC Code: NWBKGB2L

OPTION 2: ONLINE PAYMENT (PLEASE USE THIS OPTION IF YOU WISH TO PAY BY DEBIT / CREDIT CARD)

Method	GBP £ payments	US \$ Payments
Online payment via flywire:	GBP Summer Centres: www.flywire.com/pay/staffordsummergbp/	www.flywire.com/pay/staffordsummerusd/
	Canterbury bookings only: www.flywire.com/pay/stafforduk/	

COURSE PRICE INCLUDES: COURSE PRICE DOES NOT INCLUDE: Tuition as stated, course materials and end of course certificate Accommodation and all meals Optional excursions as stated Use of sports facilities where available (as part of a scheduled programme) Shared transfers to and from London airports to all UK centres and Boston Logan International Airport to Boston Centre only COURSE PRICE DOES NOT INCLUDE: Transfers at New York or San Francisco Optional excursion fees Medical/travel insurance* *Please take out comprehensive travel insurance before travelling to the UK/USA

HOW TO BOOK

How to Book

Please complete this registration form ensuring that every relevant box is ticked and all questions are answered in full. Then email or post it to the address at the end of the form.

You have two payment options:

OPTION 1: You pay the full fees at the time of booking, or

· Assisted check in on departure for individual students aged 15 and under

OPTION 2: You pay the deposit to confirm your booking, then pay the balance at least one month before the start of the course.

Flight Arrangements

Once you have booked your course, please send us details of your flight/travel arrangements, at least one month before you are due to arrive.

Changes

Prices are correct at time of going to print and are subject to change without notice. All courses, course components and specialist supplements operate subject to demand.

Full Terms and Conditions can be found on our website:

www.studyholidays.com/terms. Please read these Terms and Conditions before you book.

TO BOOK YOUR SUMMER SCHOOL PLACE PLEASE COMPLETE THIS FORM, THEN SEND IT TO THE ADDRESS SHOWN BELOW, PREFERABLY BY EMAIL:

Stafford House Study Holidays

19 New Dover Road | Canterbury

19 New Dover Road | Canterbury | Kent CT1 3AS

Phone: +44 (0)1227 787730

Email: reservations@staffordhouse.com

Web: www.studyholidays.com