

ABC SCHOOL OF ENGLISH "BOOKING FORM"

Please read our Terms and Conditions which are printed with the price list before completing this form.

Please complete in **BLOCK CAPITALS USING BLACK INK** and return to:

ABC School of English
63 Neal Street, London, WC2H 9PJ, UK

Personal details

Surname/Family name	<input type="text"/>	Mr/Mrs/Ms/Miss	<input type="text"/>
First name	<input type="text"/>	Nationality	<input type="text"/>
Date of birth	<input type="text"/>	Occupation	<input type="text"/>
Current address in the UK (if known)	<input type="text"/>		
Permanent address (in your own country)	<input type="text"/>		
Email address	<input type="text"/>	Telephone	<input type="text"/>

Course details

Starting date	<input type="text"/>		
Number of weeks	<input type="text"/>	Number of hours per week	<input type="text"/>
Do you speak English?	Yes / No <input type="text"/>	If Yes, how long have you been studying English for?	<input type="text"/>

Accommodation

Flat shares	<input type="text"/>				
Host Families	<input type="text"/>				
Single room with Breakfast and Eve Meal	<input type="text"/>	Single room with Breakfast	<input type="text"/>	Single room only	<input type="text"/>
Double room with Breakfast and Eve Meal	<input type="text"/>	Double room with Breakfast	<input type="text"/>	Double room only	<input type="text"/>
Preferred area	1 zone	2 zone	3 zone	4 zone	
Smoker/Non-smoker	<input type="text"/>				
Do you have a medical condition? If so please specify	<input type="text"/>				
Special requirements	<input type="text"/>				
Are you allergic to anything (such as animal, food etc)	<input type="text"/>				

ABC SCHOOL OF ENGLISH "BOOKING FORM"

Payments

CASH
(in person only)

CHEQUE (allow 2 weeks
for the cheque to clear)

CREDIT /
DEBIT CARD

BANK TRANSFER (allow 2 weeks
for the money to reach our account)

NatWest Brixton Branch
504, Brixton Road
London, SW9 8EB

ABC SCHOOL OF ENGLISH LIMITED
ACCOUNT NUMBER: 77 21 09 21
SORT CODE: 60 03 36

Students pay all the bank charges which may be incurred when paying by bank transfer.

Card Number

Visa Card

Mastercard

Switch

Solo

Expiry date

Valid from

Issue No. (if applicable)

Name on the card

Cardholder's full
billing address

Name of bank that
issued card

Total amount
due to ABC School

£

I authorize ABC School to debit my card with the amount shown above.

Signature
of cardholder

Date

If paying by card, we require a photocopy of the card, both back and front.

Arrival details

Date of arrival

Time of arrival

Flight number

Airline

Airport of arrival

*I have read and accept ABC School's Terms and Conditions and I believe all the information I have given is correct.
I understand that ABC School reserves the right to change or cancel course arrangements and fees without notice.*

Signature of Student

Date