

Registration form



Location

Toronto (TO)	<input type="checkbox"/>	Calgary (CA)	<input type="checkbox"/>	Vancouver (VA)	<input type="checkbox"/>
London (LO)	<input type="checkbox"/>	Liverpool (LI)	<input type="checkbox"/>	Brighton (BR)	<input type="checkbox"/>
Bournemouth (BO)	<input type="checkbox"/>	Leeds (LS)	<input type="checkbox"/>		
Cape Town (CP)	<input type="checkbox"/>	Cyprus (CY)	<input type="checkbox"/>	Paris (PA)	<input type="checkbox"/>

Student details

Family name:			
First name:			
Date of birth	DD:	MMM:	YYYY:
Male <input type="checkbox"/>	Female	<input type="checkbox"/>	
Nationality:			
What country do you live in?:			
First language:			
Home address:			
Country:	City:		
Province/state:	Postal code:		
Telephone:			
E-mail:			
Additional learning support needs?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please specify:			

Emergency contact

Relationship to student:	
Emergency contact name	
Telephone:	Email:

Your current level of English/French

Beginner <input type="checkbox"/>	Elementary <input type="checkbox"/>
Pre-Intermediate <input type="checkbox"/>	Intermediate <input type="checkbox"/>
Upper-Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
Proficiency <input type="checkbox"/>	

Your course

1st course

Course name:	
Number of lessons per week:	Number of weeks (if applicable):
Start date DD/MM/YYYY	End date DD/MM/YYYY
US Academic credit (applies to Professional Courses only) Yes <input type="checkbox"/> No <input type="checkbox"/>	

2nd course/location

Course name:	
Number of lessons per week:	Number of weeks (if applicable):
Location:	
Start date DD/MM/YYYY	End date DD/MM/YYYY
US Academic credit (applies to Professional Courses only) Yes <input type="checkbox"/> No <input type="checkbox"/>	

Visas

Visa status	
Do you need to apply for a student visa?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Passport number:	
Expiry date	DD: MMM: YYYY:

Insurance

Do you want insurance? (UK & Canada only)	Yes <input type="checkbox"/> No <input type="checkbox"/>
From:	To:
Custodian letter (Canada only)	

Your stay

Accommodation (Sunday to Saturday)*

Do you require accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------------------	--

Please write your FIRST choice and SECOND choice. Accommodation is subject to availability

Accommodation type (1st choice):			
Accommodation type (2nd choice):			
Meal type:	Full-board <input type="checkbox"/>	Half-board <input type="checkbox"/>	Semi-board <input type="checkbox"/>
B&B <input type="checkbox"/>	Self-catering for student residences <input type="checkbox"/>		
Start date	DD:	MMM:	YYYY:
End date	DD:	MMM:	YYYY:
Number of weeks:			

*Visit bayswater.ac/accommodation for all options

Other requirements

Do you require shuttle bus service? (CY)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have special diet requirements? (may incur extra charge):	
Do you have any allergies to animals?	Cats <input type="checkbox"/> Dogs <input type="checkbox"/>
Others:	
Are you happy to live with a family with young children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any medical conditions, disabilities or allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes:	
Do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Airport transfer

Do you require airport pick-up?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require airport drop-off?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arrival airport:	Flight code:
Arrival time:	DD: MMM: YYYY:
Departure airport:	Flight code:
Departure time:	DD: MMM: YYYY:

Booking

Did an agent help you choose Bayswater?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company name:	
Contact name:	

Declaration

I have read and understood the Bayswater Education Terms and Conditions. I accept them willingly to the exclusion of all other terms and conditions. Terms and conditions can be found at [here](#).

Signed:

Bayswater Education shall comply with all privacy and data laws in each school region. We will use only personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that Bayswater Education will have access to it, and consent to such use. Bayswater Education reserves the right to use information held herein for its internal marketing purposes.

If you object to such use please tick here: