

Individual Enrolment Form

Bayswater Summer



1. Centre

Brighton	Bournemouth	London
Cape Town	Toronto	Cyprus
Paris	Leeds	

2. Your course

Course Name:	
Start Date <small>DD/MM/YYYY</small>	End Date <small>DD/MM/YYYY</small>
Homestay	Residence
Day Camp	Lessons only

3. Student information

Family Name:			
First Name:			
Date of Birth	DD:	MM:	YYYY:
Male	Female		
Passport Number:			
Address Line 1:			
Address Line 2:			
City:			
Country:			

4. Next of kin contact

Family Name:	
First Name:	
Relationship:	
Email address:	
Phone number:	
Address Line 1:	
Address Line 2:	
City:	
Country:	

5. Emergency contact (if different from Next of Kin)

Family Name:	
First Name:	
Relationship:	
Email address:	
Phone number:	
Address Line 1:	
Address Line 2:	
City:	
Country:	

6. Local guardian (if organising own accommodation)

Family Name:
First Name:
Relationship:
Email address:
Phone number:
Address Line 1:
Address Line 2:
City:
Zip Code:
Country:

7. Accommodation preferences (Homestay only)

Do you like pets?
Accommodation start date
<small>*Please note that room preferences cannot be guaranteed</small>

8. Medical notes

Please list any dietary requirements you have
Please list any medical conditions you have
Please list any allergies you have
Please list any disabilities / special educational needs

9. Flight information

Arrival Date <small>DD/MM/YYYY</small>
Arrival Time
Arrival Airport
Arrival Terminal
Arrival Flight Number
Departure Date <small>DD/MM/YYYY</small>
Departure Time
Departure Airport
Departure Terminal
Departure Flight Number
Transfers Required?
Arrival only Departure only Both ways
Unaccompanied minor service required?

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10. Agent representation confirmation

Name of agency (if applicable):
Phone number of agency:
Email address of agency:
Name of main contact at agency:

11. Declarations (Please note: this section must be completed and signed by the student's parent or legal guardian)

I confirm that I am the parent or legal guardian of this student
I confirm that I give consent for this student to attend a Bayswater Summer Camp
I confirm that I give consent for this student to be photographed and that photos can be used for marketing purposes of Bayswater
I confirm that this student has adequate insurance to travel and to attend this Summer Camp
I confirm that I have read and I accept the Terms and Conditions

Full name:	Signature:
Parent	Legal guardian

Terms and conditions

<https://www.bayswater.ac/en/terms-and-conditions>