

# Individual Enrolment Form

## Bayswater Summer



### 1. Centre

Brighton	<input type="checkbox"/>	Bournemouth	<input type="checkbox"/>	London	<input type="checkbox"/>
Cape Town	<input type="checkbox"/>	Toronto	<input type="checkbox"/>	Cyprus	<input type="checkbox"/>
Paris	<input type="checkbox"/>				

### 2. Your course

Course Name:					
Start Date <small>DD/MM/YYYY</small>		End Date <small>DD/MM/YYYY</small>			
Homestay	<input type="checkbox"/>	Residence	<input type="checkbox"/>		
Day Camp	<input type="checkbox"/>	Lessons only	<input type="checkbox"/>		

### 3. Student Information

Family Name:					
First Name:					
Date of Birth	DD:	MM:	YYYY:		
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
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)

Would you prefer a single or shared room?*					
Do you like pets?					
Accommodation start date					
*Please note that room preferences cannot be guaranteed					

### 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	<input type="checkbox"/>	Departure only	<input type="checkbox"/>	Both ways	<input type="checkbox"/>
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	<input type="checkbox"/>
I confirm that I give consent for this student to attend a Bayswater Summer Camp	<input type="checkbox"/>
I confirm that I give consent for this student to be photographed and that photos can be used for marketing purposes of Bayswater	<input type="checkbox"/>
I confirm that this student has adequate insurance to travel and to attend this Summer Camp	<input type="checkbox"/>
I confirm that I have read and I accept the Terms and Conditions	<input type="checkbox"/>

Full name:	Signature:
Parent <input type="checkbox"/>	Legal guardian <input type="checkbox"/>

### Terms and Conditions

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