

JUNIOR BOOKING FORM *please complete and return with a £150 deposit or full payment*



by post: **Experience Language Limited**
Silk & Terry House, Warstock Road
Birmingham B14 4RS

by fax: **0870 460 5923**
if faxing from outside the UK
+44 (0)121 474 2407

Experience
Language

Student information						
Surname		Full Forename(s)			Nationality	
Date of Birth	Day	Month	Year	School Grade	Sex:	Female <input type="checkbox"/> Male <input type="checkbox"/>
Level of French		<input type="checkbox"/> beginner <input type="checkbox"/> intermediate <input type="checkbox"/> elementary <input type="checkbox"/> advanced		Other languages spoken/studied		
Write a brief description of yourself, your hobbies and interests						
Special dietary requirements (vegetarianism, etc)				Allergies or medical conditions		

Parent or guardian		
Title (Mr/Mrs/Ms/Dr etc)	Surname	Full Forename(s)
Home Address		Home Telephone
		Mobile Telephone
Postcode		Email
How did you hear about Experience Language Ltd		

Language course	
Course name	School & Location
Course dates	from / / to / /

Accommodation	
Type of Accommodation	Board
Accommodation dates	from / / to / /

Travel details (if unknown, please let us know as soon as possible)			
Arrival date	Arrival time	Arrival place	Flight/train number
Departure date	Departure time	Departure place	Flight/train number
Airport or train station transfer (<i>extra charges may apply</i>) <input type="checkbox"/> yes <input type="checkbox"/> no			

Emergency contact		
Name	Telephone	Mobile

I, as the parent/guardian hereby confirm that I have read and accepted the Terms and Conditions of Experience Language Ltd and have contracted out an insurance covering civil liability, personal accident, illness and repatriation, loss and theft of luggage and personal belongings.
Name _____ Date _____ Signature _____

I, as the parent/guardian of the enrolled student, do hereby authorize the management of the school to take such actions as it considers necessary if my child is ill or has an accident, including consent for X-ray exams, anaesthetic, medical diagnosis, surgery or hospital care which is advised and rendered under the general supervision of a licensed physician or surgeon. We release Experience Language and the school from all liability related to such actions.
Name _____ Date _____ Signature _____