

Application for Language / Taster courses

This application form serves as the basis for a consultation and does not constitute registration at a school.

Parents

Mother's full name and title:

Occupation:

Home phone:

Home fax:

Business phone:

Business fax:

Mobile phone:

E-mail:

Home address (in full):

Father's full name and title:

Occupation:

Home phone:

Home fax:

Business phone:

Business fax:

Mobile phone:

E-mail:

Home address (in full):

Child

Child's full name:

E-mail:

Home address (in full):

Date of birth:

Nationality:

Name and type of current school (e.g. International School):

Current class / year at school:

Average grade / mark in last school report:

Number of years studied English:

Last grade / mark in English:

Application for Language / Taster courses (continued)

Favourite subjects at school:

Sporting interests:

Other interests (e.g. musical instruments; creative activities):

Name(s) and date(s) of birth of siblings (if applicable):

Allergies or health problems (including medication taken):

Planned starting date for Language course (month and year):

Planned duration of stay (number of weeks):

I hereby give my permission for this application form to be sent to the schools recommended by Dickinson School Consulting.

Name of parent:

Signature of parent:

Date:

Please return signed form by e-mail (scanned copy) or fax to:

email gina@dickinsonboardingschools.com fax +44 (0)1367 259000

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