

Online Registration Form 2020

Under 18s

Personal Information

Student Name	Surname (as written on passport)	First Name (as written on passport)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent/Guardian Name	Surname	First Name	Parent/Guardian Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
Student Date of Birth		Parent/Guardian Phone Number	
Student Nationality		Student Email Address	
Country (Where you live now)		Student Phone Number	

Course Information

Start date (choose any Monday except for bank holidays)		How do you intend to fund your studies? <input type="checkbox"/> Self/ Family <input type="checkbox"/> Sponsor Sponsor Name _____
End date (choose any Friday)		
Type of Course	YOUNG LEARNER COURSES – Ages 11 – 15 <input type="checkbox"/> Online Summer Camp (15 hours)* <input type="checkbox"/> English + Pre-Sessional GCSE/IB Preparation*	Please tick your level of English <input type="checkbox"/> Beginner (A1) <input type="checkbox"/> Elementary (A2) <input type="checkbox"/> Pre-Intermediate (B1) <input type="checkbox"/> Intermediate (B1+) <input type="checkbox"/> Upper-Intermediate (B2) <input type="checkbox"/> Advanced (C1)
	OTHER COURSES <input type="checkbox"/> General English Standard (15h) <input type="checkbox"/> General English Intensive (21h) <input type="checkbox"/> IELTS (15h) <input type="checkbox"/> IELTS (21h) <input type="checkbox"/> 1:1 Tuition* <input type="checkbox"/> Cambridge Exam Preparation * *Subject to availability	

Registration Checklist

I confirm I have:	<input type="checkbox"/> completed the registration form and checked for accuracy <input type="checkbox"/> enclosed a confirmation of the student's level of English (if applicable), translated into English
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Declaration

I have read the NSC terms and conditions and I agree to abide by them

I have completed and attached the '[Parental Consent Form Under 18s](#)': I give my consent for the student to participate in the school's social activities. I understand that they will be age appropriate, mixed with adults and supervised: Yes No

I give my consent for photos of the student to be taken during school hours and the school's social activities: Yes No

Parent/Guardian

Printed Name _____ Signed _____ Date __/__/__ (dd/mm/yy)



Accredited by the
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