

Please complete this form as accurately as possible using **UPPER and lower case**.

If you have any questions, please contact us at info@flyingclassrooms.co.uk.

Registration Form 2025

Over 18s

Personal Information			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	E-mail address	
Surname (as written on passport)		Telephone	
First name(s) (as written on passport)		Visa Type	<input type="checkbox"/> Standard Visitor Visa <input type="checkbox"/> Short Term Study Visa <input type="checkbox"/> No visa needed <input type="checkbox"/> Other _____
Home address			
Postcode Country			
Date of Birth		Passport number	
Nationality		Passport expiry date	
Course Information			
Course start date (choose any Monday except for bank holidays)		How will you pay for fund your studies?	<input type="checkbox"/> Self/ Family <input type="checkbox"/> Employer/ Sponsor _____
Course end date (choose any Friday)			
Type of Course	GENERAL ENGLISH COURSES <input type="checkbox"/> General English (15hrs) <input type="checkbox"/> General English Plus (21hrs)	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)
	AFTERNOON OPTIONS for General English Plus: <input type="checkbox"/> Skills & Culture (6hrs) <input type="checkbox"/> English for Work*		
	EXAM PREPARATION COURSES <input type="checkbox"/> IELTS Standard (15hrs)	PROFESSIONAL DEVELOPMENT – 22.5 hours per week <input type="checkbox"/> Intercultural Training <input type="checkbox"/> Teacher Training for Language Teachers <input type="checkbox"/> Content Language Integrated Learning (CLIL) <input type="checkbox"/> English for Professionals (15hrs)	
	1:1 COURSES <input type="checkbox"/> One-to-One Tuition (minimum 1 hr/week) *Subject to availability	PERSONALISED COURSES <input type="checkbox"/> Pathway to University Courses A <input type="checkbox"/> Pathway to University Courses B <input type="checkbox"/> Pathway to Cambridge Exam	
Do you have any learning difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For specific requests, please contact us and we can provide more details. If yes, please specify:	

Accommodation

Do you want to stay with a homestay host?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrival Date	
If yes, please specify below.		Departure Date	
Type of homestay accommodation?	<input type="checkbox"/> Half board (with food) <input type="checkbox"/> Self-catering (without food)	Preferences - Would you: <i>We will always try our best to meet your preferences, in some cases this may not be possible due to availability.</i>	Live with cats? <input type="checkbox"/> Live with dogs? <input type="checkbox"/> Live with children? <input type="checkbox"/> Live with smokers/vapers? <input type="checkbox"/> Live with other students? <input type="checkbox"/>
Arrival Time		Departure Time	
Do you have any dietary requirements (vegetarian, halal etc)?		Do you have any allergies (food, animals etc)?	
Do you smoke or use vapes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any medical conditions that we need to know about? Please specify any medication.	

Airport Transfer

Do you require an airport pick-up when you arrive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which airport will you be flying into? (arrival)	<input type="checkbox"/> Norwich International Airport <input type="checkbox"/> London Stansted <input type="checkbox"/> London Heathrow <input type="checkbox"/> London Gatwick
Flight Number (Arrival)		Flight Time (Arrival)	
Do you require an airport drop-off when you depart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which airport will you be flying from? (departure)	<input type="checkbox"/> Norwich International Airport <input type="checkbox"/> London Stansted <input type="checkbox"/> London Heathrow <input type="checkbox"/> London Gatwick
Flight Number (Departure)		Flight Time (Departure)	

Registration Checklist

I confirm I have:	<input type="checkbox"/> completed the registration form and checked for accuracy <input type="checkbox"/> enclosed a copy of the student's passport <input type="checkbox"/> I have read the terms and conditions and I agree to abide by them <input type="checkbox"/> I give my consent for my photo to be taken and to be used in the school's marketing materials
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Declaration

Signed _____(Student)	Date __/__/__(dd/mm/yy)
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