

Family Programme Booking Form

Agent Name:	
Contact Name:	

1- Main Contact Details			
Name:			
Address:			
Email:	Tel:		

General English: English Level: Date of Birth: Course Standard (20 lessons) (Morning a lessons) (Morni	Male			Female	Adult 1
Course General English: English Level: Date of Birth: Course Standard (20 lessons) (Morning a les of Birth: Course General English: English Level: Date of Birth: Child 1 Female First Name & Surname: Course Part Time Full Time Family Programme English Level: Date of Birth: Child 2 Female N First Name & Surname: Course Part Time Full Time Family Programme English Level: Date of Birth: Child 3 Female N First Name & Surname: Course Part Time Full Time Family Programme English Level: Date of Birth: Child 3 Female First Name & Surname: Course Part Time Full Time Family Programme English Level: Date of Birth: Child 3 Female First Name & Surname: Course Part Time Full Time Full Time Family Programme English Level: Date of Birth: Child 4 Female					First Name & Surname:
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Family Programme English Level: Date of Birth: Child 4 Female			ı		First Name & Surname:
English Level: Child 4 Female P First Name & Surname:	Junior Ind.	Time	Full	Part Time	Course
Child 4 Female First Name & Surname:					Family Programme
First Name & Surname:	Date of Birth:			English Level:	
	Female Male		Child 4		
Course Part Time Full Time					First Name & Surname:
	Junior Ind.	Time	Full	Part Time	Course
Family Programme					Family Programme













3- Course Information	
Start Date (Mondays):	
End Date (Fridays):	
Number of weeks:	

Contact Name:	
Relationship:	
Tel:	

5-Accommodation			
Required:	Yes	No	
Standard Homestay:		Premium Homestay:	
Arrival Date:		Departure Date:	
Number of weeks:	Notes:		

Homestay: Half board - Residence: Self Catering

6-Special Requests (Extra Charge)		
Halal	Celiac	
Nut Allergy	Vegan	
Early Departure	Late Arrival	
Extra Night	Insurance	
Other:		

Give details of any medical conditions such as asthma, dietary requirements (like vegetarian), or food allergies.

If you have any of the conditions listed below, please notify us in a separate email—this will be strictly confidential:

 $Asperger's \ / \ Autism \ / \ ADHD \ / \ Dyslexia \ / \ Dyspraxia \ / \ Mental \ Health \ Issues \ / \ Hearing \ Impairment \ / \ Visual \ Impairment$

7-Taxi Transfers		
Arrival Date:	Departure Date:	
Yes No	Yes No	
Time:	Time:	
Location:	Location:	
Type**:	Type**:	
Details**:	Details**:	

** Eg: Flight/Train		
8- Declarat	ion	
	Conditions. I accept them	ood LanguageUK Terms and willingly to the exclusion of all other se click to see the Terms and
	parents/guardian. 3- I am responsible for pay 4- The nature of the Servic obtain, use, and disclose	es provided by us means that we will formation about you ("Data"). By
Signature:		Date: