

APPLICATION FORM

English Course for Under 16 year olds (TO BE COMPLETED BY PARENTS OR GUARDIANS)



Choose your TEG English Location:









A: STUDENT INFORMATION

Surname/Family Name: _____ First Name: _____

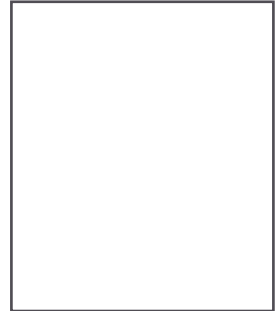
Gender: Male Female Date of Birth: _____ Age at start of course: _____

Nationality: _____ First Language: _____

Home Country Address: _____

Address in the UK (if known): _____

Telephone: 00 _____ Email: _____



B: PARENT/LEGAL GUARDIAN CONTACT INFORMATION (please remember to send us a copy of your ID/Passport)

Parent Legal Guardian Name: _____ Passport/ID Number: _____ Language Spoken: _____

Telephone: 00 _____ Email: _____ Do you speak English? Yes No

C: LOCAL GUARDIAN DETAILS (students under 16 must have a guardian living in the area who will be responsible for that student while in the UK)

Name: _____ Relationship to student: _____ Do they speak English? Yes No Language Spoken: _____

Address: _____ Telephone: 00 _____ Email: _____

D: COURSE INFORMATION

Start Date: _____ End Date: _____ How many weeks: _____

CHOOSE YOUR OPTION:	INDIVIDUAL SUMMER	GROUP	
	15 HOURS	ESSENTIAL - 15 HOURS	STANDARD - 20 HOURS
MORNING GENERAL ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON ACTIVITIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL COURSES One to One _____ How many hours: _____ Other: _____

D: ENGLISH LANGUAGE LEVEL (Please take our free test at www.tegenglish.com/online-english-test/)

Pre-A1: Beginner A1: Elementary A2: Pre-Intermediate B1: Intermediate B2: Upper-Intermediate C1: Advanced C2: Proficient

F: ACCOMMODATION INFORMATION

Does your child need accommodation? Yes No

Start Date: _____ End Date: _____

Homestay	Halls of Residence
Full-Board <input type="checkbox"/>	Full-Board <input type="checkbox"/> <small>(summer only, subject to availability)</small>
Shared Room <input type="checkbox"/>	Shared Room <input type="checkbox"/>
Name of the student they wish to share with: _____	Name of the student they wish to share with: _____

Special diet needed?
Halal Vegetarian Vegan Gluten Free Other

G: AIRPORT TRANSFER

Does your child need an airport transfer? Yes No

Arrival Transfer: Yes No Departure Transfer: Yes No

Please note that you must inform us of your travel details no less than 10 days before your arrival.

Arrival	Departure
Date: _____	Date: _____
Time: _____	Time: _____
Airport: _____	Airport: _____
Flight Number: _____	Flight Number: _____
Terminal: _____	Terminal: _____

OFFICE USE ONLY	Student Number: _____	Grammar: _____	Speaking: _____	Online Test Result:
	Invoice No: _____	Type of Visa: _____	Arranged Holidays: _____	<input type="checkbox"/> Parent/Guard. Passport Rec
	Total Amount: _____	Valid Until: _____		<input type="checkbox"/> Consent Rec. & Signed
	Payment Details (instalment/amount/date): _____			<input type="checkbox"/> Invoice Sent _____
	Payment Record Updated: _____	Agent Commission Paid: _____	Extending student: _____	<input type="checkbox"/> Visa/Enrolment Letter
				<input type="checkbox"/> Handbook Sent
			<input type="checkbox"/> Homestay Profile Sent	
			<input type="checkbox"/> Homestay Confirmation Letter	
			<input type="checkbox"/> Host Informed of Arrival Time	
			<input type="checkbox"/> Transfer Arranged	
			<input type="checkbox"/> Book Given	
			<input type="checkbox"/> Welcome Meeting Given	

H: PASSPORT AND VISA INFORMATION

Passport/ID Number:

Passport/ID Expiry Date:

My child requires a student visa to study in the UK? Yes No If yes, what is your child's reason for learning English?

I: HOW DID YOU HEAR ABOUT US?

Agent Name of agent:

If you didn't book with an agent, please pick an option below.

Walked by the school Google Facebook Advertisement Friend/Family Employer Our website Other:

J: STUDENT WELFARE

Does your child you have any medical conditions we should be aware of?

Yes No

If yes, please give details:

Does your child have any physical disability, learning disability or mental health issue we should be aware of?

Yes No

If yes, please give details:

Does your child suffer from any allergies?

Yes No

If yes, please give details:

We give permission for our child to be seen by a doctor or hospitalised or operated on in an emergency and may be given medication by a doctor.

Yes No

K: TRAVEL AUTHORISATION

I authorise my child to travel to the UK independently to attend an English Language Programme organised by TEG English during the dates provided above:

Yes No

What transport arrangements have you organised for your child? (please tick A, B, C, D or E)

A) I have booked an airport pickup with TEG English to collect my child from the airport and transport them to the host provider or school. (please complete 'Airport Transfer' see section F)

B) I will be accompanying my child.

C) A family member/friend will be responsible for collecting my child from the airport.

Name:

Address:

Telephone number:

D) My child is travelling in a group and will be accompanied by who is a group leader and is responsible for my child.

It is recommended that your child keeps a copy of this document when entering the UK. We strongly recommend arranging transfer from the airport with TEG.

L: PARENTAL CONSENT

All parents/ legal guardians and group leaders must read and agree to the following:

1. Our child will study in classes with students aged 9 to 15.
2. I understand that my child will travel between the school and their accommodation unsupervised.
3. Our child will not be supervised during their free time by TEG English, e.g. between the end of their lessons and returning to their accommodation and during breaktimes. [Rules regarding their time outside of lessons can be found in our Student Handbook].
4. Our child must be back at their accommodation by 6.00pm.
5. For individual students, TEG Colleges organises an Activity Programme from Monday to Friday. Students will be supervised by TEG English staff and must abide by our rules.
6. If your child is studying in a group, activities may be arranged by TEG English or the group organiser. For activities arranged by TEG, a member of staff will escort them to the activity and back to the college. It is the group leader's responsibility to ensure that students return to their accommodation before the curfew.
7. Our child will have sufficient money to pay for day to day expenses.
8. All students aged under 16 must have transportation organised by their parents or legal guardians from the Airport to their accommodation. Students must also carry this form while they are travelling.
9. I will ensure that if my child is staying in Accommodation not provided by the College, that they will come to school with a packed lunch.
10. My child must attend all classes and must inform the host provider and the college if they are ill.
11. If staying with a host family, my child will follow the host family's rules and requirements.
12. My child understands the consequences of not following the rules.

Parent/Guardian/Group Leader Signature:

Date:

