

# APPLICATION FORM

PROMOTION CODE:

## STUDENT INFORMATION

Family Name:	First Name(s):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (dd/mm/yyyy):	
Country of Birth:	City of Birth:
Mother Tongue:	Nationality:
Full Address:	
City:	Postcode:
Country:	
E-mail:	
Telephone:	
English Level:	
Type of Visa:	Passport No:

## ABOUT YOUR LEGAL GUARDIAN

Fill out this section if student is under 18 years of age. (In Vancouver this applies to students under 19 years of age)

Family Name:	First Name(s):
Home telephone number:	Email address:
Permanent address:	

## SCHOOL & COURSE INFORMATION

School Location:	
Course Name:	
Number of Weeks:	Start Date:
If more schools are booked	
School Location 2:	
Course Name:	
Number of Weeks:	Start Date:

## ACCOMMODATION

Accommodation Type: <input type="checkbox"/> Homestay <input type="checkbox"/> Residence <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel	
Room Type <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Multi	
Check-in (dd/mm/yyyy)	Check-out (dd/mm/yyyy)
Accommodation Name (if several options are advertised):	
Any special requests? (e.g. medical requirements, allergies, special diet, no pets) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Homestay supplements (only where advertised - charges apply) <input type="checkbox"/> Private bathroom <input type="checkbox"/> Close to school supplement <input type="checkbox"/> Homestay special diet <input type="checkbox"/> Luggage retainer	
Zone (London/Dublin):	
Accommodation Option 2 (if first choice is not available)	

Other accommodation supplements may apply, including seasonal supplements during the summer or at Christmas. See price list or speak to a Kaplan representative for details.

## KAPLAN REPRESENTATIVE INFORMATION

Partner Name/Contact Person:	
Country:	
E-mail:	
Telephone:	Fax:
For all partner bookings, please confirm who will be responsible for the total payment of this booking by selecting an option below <input type="checkbox"/> Partner <input type="checkbox"/> Student <input type="checkbox"/> Partner and Student (Provide details including amounts):	
Partner Signature:	

## MEDICAL CONDITIONS

Do you have a disability, impairment, or long-term medical condition which may affect your studies?  Yes  No

If yes, please provide medical documentation from a relevant treating professional detailing the impact of your condition on your ability to meet academic demands. Please see our Terms and Conditions (Application Process / 6. Health Declaration)

## ADDITIONAL SERVICES (CHARGES APPLY)

Would you like Kaplan Travel and Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, you will need to organise your own medical insurance)	
If you are travelling to Australia, would you like Overseas Student Health Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No (Mandatory for student visa)	
Would you like an airport transfer? (Please send flight details to your Kaplan representative) <input type="checkbox"/> Yes <input type="checkbox"/> No	On arrival? <input type="checkbox"/> Yes <input type="checkbox"/> No On departure? <input type="checkbox"/> Yes <input type="checkbox"/> No
I would also like to book the following services <input type="checkbox"/> Internship Placement (Available in London, Dublin, and Auckland) <input type="checkbox"/> University Placement Service <input type="checkbox"/> Courier service for visa documentation	

## PAYMENT

At this time, I wish to pay: <input type="checkbox"/> The application fee <input type="checkbox"/> The full fees
Payment method: <input type="checkbox"/> Credit card (Please contact us to arrange payment or visit <a href="http://www.kaplaninternational.com">www.kaplaninternational.com</a> to pay online) <input type="checkbox"/> Bank transfer (We will send you transfer details)
I am sponsored by:

## DECLARATION

I confirm that I have read, understood, and agreed to be bound by Kaplan's Terms and Conditions detailed on pages 43-48 and Kaplan's privacy policy which can be found at [www.kaplaninternational.com/privacy](http://www.kaplaninternational.com/privacy).

I authorise any licensed hospital or physician to initiate medical treatment for myself in case of medical emergency or for my child if he/she is under 18 years of age.\*

Signature	Date:
Signature of parent/guardian (required if student is under 18 years old)*	Date:

Please return the completed form to the Kaplan International Languages booking office or to your local representative.