

Enrolment form

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

Partner Student Partner and Student (please give details including amounts): _____

Partner signature: _____

Student information

Family name _____ First name(s) _____ Male Female

Date of birth (d/m/y) _____ Country of birth _____

Nationality _____ Mother tongue _____

Full address _____ City _____

Postal code _____ Country _____

Telephone (home/mobile) _____ E-mail _____

Language level _____ Type of visa (if applicable) _____ Passport number _____

Name and surname of legal guardian if student is under 18 years of age _____

Permanent address of legal guardian if student is under 18 years of age _____

Home telephone number of legal guardian if student is under 18 years of age _____

College/Center and Course information

1) College/Center name _____ Course name* _____

Start date _____ Number of weeks _____

2) College/Center name _____ Course name* _____

Start date _____ Number of weeks _____

*Please check the college or center page and make sure your chosen course is offered at the college or center you have selected

Accommodation

Check-in date (d/m/y) _____ Check-out date (d/m/y) _____

Do you have any special requests (eg. medical requirements, allergies, special diet, no cats/dogs)? Yes No

If yes, please specify: _____ Do you smoke? Yes No

1st Choice (please give your preferred choice of accommodation here)

Room type Single room Twin room Triple/Multi room

Accommodation type Homestay Apartment Residence Hostel

Accommodation name: _____ Meals per week (if different options are advertised): _____

Homestay supplements (only where advertised - not available in USA) Private bathroom Close to school supplement Zone: _____

Additional services

Would you like Kaplan Travel and Medical Insurance? (not available for the UK or Ireland)

Yes No (If not, you will need to organise your own medical insurance)

Would you like an airport transfer on arrival? Yes No On departure? Yes No (Please send flight details to your Kaplan representative)

I would also like to book the following services Internship placement University placement service

Payment

At this time, I wish to pay: the enrolment fee the full fees I am sponsored by: _____

I wish to pay by credit card: Card number (Visa/Mastercard/Amex) _____

Expiry date _____ CCV number (last 3 digits of security code on back of card) _____

Name and address of cardholder _____

Signature of cardholder _____

I enclose a cheque for the amount of _____ payable to Kaplan IC

I would like to arrange a bank transfer. Please send me transfer details. _____

Declaration

I confirm that I have read, understood and agree to be bound by Kaplan's General Terms and Conditions detailed on pages 73-74.

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 booking office or to your local representative.