

ENROLMENT FORM

Please complete and return to:-

EAGLE INTERNATIONAL SCHOOL
Tiarni, 55 Elms Avenue, Lilliput, POOLE, Dorset BH14 8EE
Telephone/Fax +44 1202-745175
E Mail - info@eagleschool.co.uk

FAMILY NAME:

FIRST NAME:

Male / Female

DATE OF BIRTH: Day Month Year

NATIONALITY:

HOME ADDRESS: (Please write clearly) TELEPHONE:

ADDRESS OF PARENTS/CONTACT DURING COURSE TELEPHONE:
(If different from above)

LEVEL OF ENGLISH: Elementary/Pre-Intermediate Intermediate Upper Intermediate

SPECIAL REQUIREMENTS:

Please state if your child suffers from any of the following:-

Asthma___ Diabetes___ Epilepsy___ Other___ Special Diet___

Do you have allergies to: Cats YES/NO - Dogs YES/NO

Do you require Meeting & Transfer?

ON ARRIVAL YES/NO - ON DEPARTURE YES/NO

(Note: the cost of meeting is not included in the price of the course. Students who require meeting should make sure that we receive full travel details at least two weeks before arrival).

Deposit of 25% of Course Fees enclosed/sent by Bank Transfer

Details of Bank Transfer _____
(please attach copy) _____

All fees to be paid to:
EAGLE INTERNATIONAL SCHOOL
ACCOUNT NUMBER 00901308
BANK SORT CODE: 12-24-81
BANK OF SCOTLAND
59 BATH ST.
GLASGOW
G22DH

I agree to the Conditions of Enrolment as set out in the
Brochure.

Signature of Student _____ Date _____

Signature of
Parent/Guardian _____ Date _____