



Please read the Terms and Conditions before completing Application and return to:
Basil Paterson College
66 Queen Street, Edinburgh EH2 4NA
Telephone: +44 (0) 131 225 3802
Fax: +44 (0) 131 226 6701
e-mail: info@basilpaterson.co.uk

Registration form

Personal Details

Family Name

First Name Nationality

Male Female Language

Date of Birth Profession

Home Address Telephone

Mobile Number

Fax Number

Email address

Passport Details

Name as it appears on passport Basil Paterson College is listed on the UK Borders Agency Register of Sponsors as a Tier 4 (Grade A) institution. Sponsor Licence No: 9H4Q97VC8.

Passport Number

Next of Kin

Name Telephone

How did you hear about Basil Paterson?

British Council Agent Website Advertisement Friend

Other

Agent Name

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced

Course Details

Start Date Finish Date

Group Study Full-time Part-time

One-to-One Lessons (please indicate number of hours required)

Cambridge Examination Preparation FCE CAE CPE

Combination Courses Combination5 Combination10

IELTS Examination Preparation University Foundation Programme

British Secondary School Qualifications: One-Year Programme Two-Year Programme

Subject	Level
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>



EducoTeam

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Tel/Fax: +381 (0) 11 344 78 41 Mob: +381 (0) 64 21 99 431
e-mail: office@educoteam.rs web: www.educoteam.rs

PRIJAVA/ENROLMENT FORM

PREZIME: _____ **IME:** _____

KUĆNA ADRESA: _____

GRAD i POŠT.BROJ: _____ **TELEFON:** _____

E-MAIL ADRESA: _____

DATUM ROĐENJA: _____ **POL:** _____

IME I PREZIME OCA: _____ **MAJKE:** _____

TELEFON (RODITELJA) NA POSLU: _____ **MOBILNI:** _____

CENTAR - GRAD I ŠKOLA : _____

TIP KURSA: _____

DATUM POLASKA: _____ **DATUM POVRATKA:** _____

DUŽINA BORAVKA: _____ **BROJ ČASOVA:** _____

TIP SMEŠTAJA: PORODICA INTERNAT/KOLEDŽ OSTALO _____

TIP SOBE: _____ **ISHRANA** _____
/opcije samo u slučaju kada škola nudi mogućnost izbora/

SPECIJALNI ZAHTEVI: dijeta, alergije, bolesti, kućni ljubimci: _____

POSEBNE NAPOMENE U VEZI EVENTUALNIH ZDRAVSTVENIH PROBLEMA: _____

ŽELIM PORODICU: PUŠAČE NEPUŠAČE

ŽELIM TRANSFER: DA OW RT NE

(AVIO) PREVOZ: INDIVIDUALNI POSREDSTVOM EDUCOTEAM-A

OVIM POTVRĐUJEM DA SU SVI GORE NAVEDENI PODACI TAČNI I DA SAM U CELOSTI UPOZNAT/A I PRIHVATAM PROGRAM I OPŠTE USLOVE (TERMS & CONDITIONS) ŠKOLE ZA KOJU SE PRIJAVLJUJEM I OPŠTE USLOVE POSLOVANJA EDUCOTEAM DOO, BEOGRAD

**POTPIS STUDENTA/RODITELJA
I BROJ LIČNE KARTE**

POTPIS PREDSTAVNIKA EDUCOTEAM-a

MESTO I DATUM