

## Millfield English Language Holiday Courses

**Student Name** \_\_\_\_\_

Millfield School 12-17 years
  Downside (weeks 1-4) 12-17 years

Millfield Prep School 7-11 years

Please begin the application process by indicating the required length of stay – two, three, four or six weeks.

**Please note Sunday arrival/departure dates**

July			August		
WEEK 1 Sun 11 – Sun 18 July	WEEK 2 Sun 18 – Sun 25 July	WEEK 3 Sun 25 July – Sun 1 Aug	WEEK 4 Sun 1 – Sun 8 Aug	WEEK 5 Sun 8 – Sun 15 Aug	WEEK 6 Sun 15 – Sun 22 Aug
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-week block		2-week block		2-week block	
3-week block			3-week block		
4-week block					
		4-week block			
6-week block					

In order to help with the quick processing of your application and to guarantee a place, please make sure that **all forms** have been completed and returned to the course administrators as soon as possible.

**Checklist of essential documents** (please tick ✓ when completed)

- Form 1 (Enrolment Details)
- Form 2 (Student Information)
- Form 3 (Student Medical Information)
- Form 4 (Student Travel Details)
- Form 5 (Afternoon Options)
- Form 6 (Course Fees)
- Photocopy of Insurance

I have read, clearly understood and signed on Form 6 to accept the Terms & Conditions

Please submit this application form by one of the following methods: by email to mahc@millfieldenterprises.com or fax to +44 (0) 1458 840 584 or by post. If you require assistance completing these forms please contact the Course Administrator.

**Millfield Holiday Courses**

Millfield Enterprises Street Somerset BA16 OYD United Kingdom

**T** +44 (0) 1458 444458/319/112 **F** +44 (0) 1458 840 584 **E** mahc@millfieldenterprises.com

# Student Information

Office use only

I.D. number \_\_\_\_\_

Please complete this form in block capitals (e.g. PETER SMITH). Please print clearly in black ink.

## For Visa applications only

Passport number \_\_\_\_\_ Place of issue \_\_\_\_\_  
 Date of issue \_\_\_\_\_ Expiry date \_\_\_\_\_

## Student Details

Family name \_\_\_\_\_ First name(s) \_\_\_\_\_  
 Nationality \_\_\_\_\_ Country of birth \_\_\_\_\_  
 Gender (please tick ) Male  Female   
 Is there anything important we should know about your child?  
 (please tick ) Yes  No

If yes, please give details (continue on the Medical Form (3) if necessary)

If the student would prefer to share a room with a friend, state their name below

We will do our best to meet your requirements as rooms are subject to suitability and availability

Day Month Year

Agent Stamp

## Language Information

First language (mother tongue) \_\_\_\_\_  
 Level of English (please tick  only one) Beginner  Elementary  Intermediate  Advanced

## T-Shirt Size

All students will receive a free T-shirt (please tick  to indicate your size) Small  Medium  Large

## Parent/Guardian Details

Title (Mr, Mrs, Ms, other) \_\_\_\_\_ Family name \_\_\_\_\_ First name(s) \_\_\_\_\_  
 Tel (home) \_\_\_\_\_ Tel (mobile) \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Country \_\_\_\_\_ E-mail \_\_\_\_\_

## General Information

Has your child attended a Millfield English Language Holiday Course previously? Yes  No   
 How did you hear about Millfield? Friend  Brochure  Internet  Agent   
 Other please state \_\_\_\_\_



# Student Medical Information

Office use only

Input date &amp; initials \_\_\_\_\_

First name \_\_\_\_\_ Family name \_\_\_\_\_  
 (please tick )  
 Male  Female  Date of birth Day   Month   Year     Age \_\_\_\_\_ Nationality \_\_\_\_\_

Has your child suffered in the past from any major illness or injury? (please tick )  
 If yes, please give details \_\_\_\_\_ Yes  No

Does your child suffer from any current medical issues of which we should be aware?  
 If yes, please give details \_\_\_\_\_ Yes  No

Is your child currently taking any long-term or repeated medication?  
 If yes, please state the name, dosage and time for the medication to be administered \_\_\_\_\_ Yes  No

**Please note that all medication brought on campus must be given to the Residential Co-ordinators upon arrival.**  
 For reasons of safety, there are strict regulations for the management of medicines. We are only able to accept responsibility for drugs licensed in the UK. Please do not send medicines with your child unless prescribed by a Doctor together with an English translation.

Does your child have any significant allergies or any special dietary requirements?  
 If yes, please give details \_\_\_\_\_ Yes  No

A Nurse or an agreed member of staff is on duty throughout the course to treat your child and administer the following over-the-counter medicines: Paracetamol tablets or sugar-free suspension, Ibuprofen, cough linctus, antacid, throat lozenges, anti-histamine and travel sickness tablets.

Please tick  if you are happy with this treatment if required. Yes  No

**Parent/Guardian with parental authority.** Please sign to confirm the information on this form is correct.

Signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Please provide us with an emergency contact name and number(s) where we can reach you, or a suitable alternative, for contact at any time of the day or night.

Emergency contact	Relationship	Phone number (with country = area codes)

## Emergency Treatment

In the event of an emergency, staff will make every reasonable effort to contact a parent or legal guardian before permitting treatment to proceed as advised by the medical authorities present.

## Please inform us immediately if any of this information changes

This information will be accessed and used by staff who are responsible for looking after the welfare of your child



# Student Travel Details

Please tell us your travel plans before 14 June 2010  
even if you are not using the Millfield airport transfer service

Office use only

**Input date & initials** \_\_\_\_\_

## Student Details (please tick one option only)

Student name \_\_\_\_\_ Age (at time of travel) \_\_\_\_\_

 Do you require standard airport transfer?  Please complete section 1

 Do you require a private taxi?  Please contact Tony Dubens direct to arrange times and costs then complete section 2

 Do you wish to make your own arrangements?  Please complete section 2

## Section 1

### Airport Arrival (for students requiring standard airport transfers)

 Please indicate with a tick  the date on which you will require an arrival transfer

**Sunday 11 July**  **Sunday 25 July**  **Sunday 1 August**  **Sunday 8 August** 

Travelling from \_\_\_\_\_ Airport

 Please tick  whether you will be arriving at **Bristol**  **Heathrow**  **Gatwick** 

Terminal no. \_\_\_\_\_ Flight no. \_\_\_\_\_ Flight arrival time \_\_\_\_\_

### Airport Departure

 Please indicate with a tick  the date on which you will require a departure transfer

**Sunday 25 July**  **Sunday 1 August**  **Sunday 8 August**  **Sunday 22 August** 

Travelling to \_\_\_\_\_ Airport

 Please tick  whether you will be departing from **Bristol**  **Heathrow**  **Gatwick** 

Terminal no. \_\_\_\_\_ Flight no. \_\_\_\_\_ Flight departure time \_\_\_\_\_

## Parent/Guardian/Agent travel contact name

Please make sure that you are contactable 24/48 hours prior to departure in case we need to reconfirm the travel plans.

**Contact mobile/telephone** Day \_\_\_\_\_ Evening \_\_\_\_\_

**The Key Millfield Representative assigned to co-ordinate all student travel arrangements is Tony Dubens.**
**Contact him with queries or urgent travel enquires on the day:**
**Tony Dubens on [tonydubens@googlemail.com](mailto:tonydubens@googlemail.com) or telephone + 44 (0) 7900 555 666**

- All students will be met by a Millfield Representative who will be wearing a red Millfield T-shirt and carrying a 'Millfield' sign
- All students must report and introduce themselves to our Representatives as soon as they land/arrive
- Please go to the Information Desk in the airport if you cannot find our Representatives, or phone Tony Dubens
- Some airlines will request details of the name and address of an individual responsible for meeting the students, please give the following information: Tony Dubens, Millfield Enterprises, Millfield School, Street, Somerset BA16 0YD United Kingdom or telephone + 44 (0) 7900 555 666
- As flights land at different times, some students will inevitably have to wait with our staff for other students to arrive, please be prepared for this, but remember – we want to get all the students to Millfield as quickly as possible

## Section 2 (for students arranging a taxi or other arrival/departure)

Please give us details of the student's own arrangements

### Arrival at Millfield

Date \_\_\_\_\_

Arrival time \_\_\_\_\_

Name of accompanying adult \_\_\_\_\_

### Departure from Millfield

Date \_\_\_\_\_

Departure time \_\_\_\_\_

Name of accompanying adult \_\_\_\_\_



# Course Fees

**Payment** Please tick  one of the following boxes

**Course Fees**    **2 weeks** £1900     **3 weeks** £2750     **4 weeks** £3500     **6 weeks** £4950

**Full fees will be retained if students cancel on or after 14 June 2010.** Please see Terms & Conditions for full details.

For students choosing Academy Golf or Riding, an additional fee is payable (£50 per week)

## Insurance

We request that you have insurance for your own financial and personal security. You can take out your own insurance or the International Student Policy (see our website) which has been specially designed for overseas students studying in the UK.

To take out the International Student Policy please visit our website: [www.millfieldenterprises.com/insurance](http://www.millfieldenterprises.com/insurance)

If this option is taken, payment is to be made direct to the insurers.

Proof of medical/travel insurance cover will be required before the start of the course.

## Optional Extras

 please tick 

Week 1 Cultural London w/end £300     Week 2 Sightseeing London w/end £300     Week 3 Trinity Exam £70

Week 4 Shopping London w/end £300     Week 5 Oxford w/end £300     Week 6 Trinity Exam £70

## Standard Airport Transfers

 If yes, please tick  which airport

The transfer prices are for return travel on the arranged Sundays only

**Bristol** (1hr) £100     **Heathrow** (2½ hrs) £160     **Gatwick** (3½ hrs) £200

## Total Course Fees

 Please calculate the total amount due by writing the figures in the applicable boxes

Confirmation details by DHL (international courier) can be arranged (£60)

£ Basic Course + £ Golf /Riding + £ Optional extras + £ Airport transfers + £ DHL = £ Total

The deposit must be submitted with the application. The balance must be paid in full by 14 June 2010.

Pay deposit **£300**  or Pay total course fees **£**

Please note: a £10 administration fee will be charged for each course change per student, once the application has been processed

**I have read, clearly understood and accept the Terms & Conditions**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Chosen method of payment

 This section must be completed. Please tick  the appropriate boxes

I enclose (please tick  one only)    £ Sterling Cheque     Credit/Debit Card     If you wish to pay by another method, please contact us.

Full payment of £     Deposit of £

**Please note that any booking made on or after 14 June 2010 must be accompanied by full payment.**

Mastercard/Visa

Switch  Solo  (please tick  one only)

Card Expiry Date  Valid from  Issue No.  Security Code

(for Switch & Solo only)

(last 3 digits on the reverse of your card)

Name (please print) \_\_\_\_\_

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

**If you have paid the deposit only, and are paying by credit/debit card, the full balance will automatically be deducted on or just after 14 June 2010.** Alternatively, please ensure that Millfield receives the balance by this date. In line with current legislation, all card details will be destroyed once all balances have been paid in full.



## EducoTeam

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### PRIJAVA/ENROLMENT FORM

PREZIME: \_\_\_\_\_ IME: \_\_\_\_\_

KUĆNA ADRESA: \_\_\_\_\_

GRAD i POŠT.BROJ: \_\_\_\_\_ TELEFON: \_\_\_\_\_

E-MAIL ADRESA: \_\_\_\_\_

DATUM RODJENJA: \_\_\_\_\_ 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 OVI NE

( AVIO ) PREVOZ: INDIVIDUALNI POSREDSTVOM EDUCOTEAM-A

OVIM POTVRDJUJEM 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

POTPIS STUDENTA/RODITELJA  
I BROJ LIČNE KARTE

POTPIS PREDSTAVNIKA EDUCOTEAM-a

\_\_\_\_\_ MESTO I DATUM \_\_\_\_\_