

Junior Application Form 2010

Enrolment and Payment Terms and Conditions

1. The agent agreement is required on or before December 30th 2009
2. A non-refundable deposit of 20% is required on or before January 30th 2010
3. The balance is due **6 weeks** before the course start date.
4. The school reserves the right to refuse admission to any student or dismiss any student in the event of improper behaviour, misconduct or unsatisfactory attendance or work, without refund of fees. Attendance at all lessons and activities is compulsory.
5. No liability is accepted by the school for
 - Loss or damage to personal property/money
 - Damage or loss or damage to laundry items
 - Loss of passport or tickets not handed to UIC for safe keeping

How to pay

Sterling Cheque: Payable to Languages in London/UIC.

Credit Card: Visa, MasterCard and Debit Cards.

Travellers Cheque or Euro cheque: Sterling only and bank charges may apply.

Bank Transfer: Send to

20-71-64
40585815

Barclays, 27 Regent Street, SW1Y 4UB

SWIFT CODE: BARCGB22

IBAN: GB70 BARC 2071 6440 5858 15

Cancellation Charges

1. Once a deposit has been received and a confirmation issued the deposit is non refundable: (a change of student name will be accepted with a £50 administrative fee)
2. The full balance is due **6 weeks** before the starting date of the course. After the full balance has been paid and up to 2 weeks before the course starts refunds of the balance (full fees less deposit) may be made in cases of
 - a) Illness of the student which makes it impossible for the student to travel with supporting medical documentation
 - b) In the event of a visa application being refused, through no fault of the student.

Any refund is at the total discretion of the school and we recommend that students take out insurance which covers cancellation at the time of booking.

Cancellations by us

If fees are not received as outlined above the course will be cancelled by UIC and the deposit will be non- refundable.

If for any reason out of the control of UIC it is necessary for UIC to make a cancellation any fees or deposits paid will be refunded in full.

Insurance

Agents must have insurance to cover their possessions, as well as medical insurance. UIC will require proof of this insurance. UIC or St Mary's or St George's will not be liable for any of those misfortunes

Agent Details

Company name
Contact name
Email address
Tel number
Mobile number
Emergency number

Course Details

Centre (please tick)

St. Mary's

St. George's

Arrival date (please tick)

July 12th

July 26th

August 2nd

Departure date (please tick)

July 26th

August 2nd

August 9th

August 16th

Course duration (please tick)

2 week

4 week

3 week

5 week

Number in group

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Airport Details

Arrival airport							
Departure airport							
Arrival date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Departure date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arrival time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Departure time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Arrival flight number							
Departure flight number							

Student Details

Family name							
First names							
<input type="checkbox"/> Male <input type="checkbox"/> Female							
Date of Birth <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age <input type="text"/>	<input type="text"/>
Nationality							
Languages spoken							
Father's name							
Father's email address							
Father's mobile number							
Mother's name							
Mother's email address							
Mother's mobile number							
Private address							
Photo							
Emergency contact details during the course							
Any other contact you wish to add							
Any other information you wish to add							

Medical Information: Safety and Well-being

Do you wear glasses/contact lenses? No Yes

If you answered yes, please give details

Do you have any of the following?

a) Physical disabilities? No Yes

b) Learning disabilities or difficulties? No Yes

c) Any special requirements or needs? No Yes

If you answered yes to any of the above, please give details

Do you have any allergies to any of the following?

a) Food? No Yes

b) Pets? No Yes

c) Medicine? No Yes

If you answered yes to any of the above, please give details

Are you taking any medication? No Yes

Do you have any special medical needs? No Yes

If you answered yes to either of these, please give details

Do you have any special dietary requirements? No Yes

Do you have any eating disorders? No Yes

If you answered yes to either of these, please give details

Do you have any of the following?

Asthma? No Yes

Epilepsy? No Yes

Diabetes? No Yes

Mental health problems? No Yes

If you answered yes to any of these, please give details

Safety and Well-being and Attendance

1. At UIC we operate a zero tolerance to **weapons, drugs, alcohol, cigarettes and aggressive and abusive behaviour.**

Please acknowledge and accept our policy.

2. At UIC students are unable to leave the grounds unless accompanied by a teacher. We would like your support and assistance in this matter

3. All lessons and activities are compulsory

Please sign to show your agreement with the above school regulations and English Law:

Parent Signature

Date

D	D	M	M	Y	Y
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Activities

Students must be able to swim **50 m** if they are to participate in the swimming programme or take part in other water sports.

I hereby give my permission for my child to participate in:

Swimming programme No Yes

Other watersports No Yes

I hereby give permission for my child to participate in:

Ice-skating No Yes

Horse-riding No Yes

Parent Signature

Date

D	D	M	M	Y	Y
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Photographs, Video and Interview

During the summer course we will be taking photographs for promotional purposes to use in our brochure and marketing material. We will also be making a video. If you would not like your child to be photographed and to be on our video and perhaps interviewed, then please sign below and your child will not appear in any of UIC's promotional material.

Parent Signature

Date

D	D	M	M	Y	Y
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Child Signature

Date

D	D	M	M	Y	Y
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In case of an emergency where hospital treatment is required and the parent/guardian cannot be contacted I hereby give permission for the Course Director or Deputy Manager to consent to any treatment considered necessary by the doctor on duty.

Parent Signature

Date

D	D	M	M	Y	Y
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EducoTeam

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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