

# 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)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Date of birth (d/m/y)	Country of birth
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Nationality	Mother tongue
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Full address	City
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Postal code	Country
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Telephone (home/mobile)	E-mail
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Language level	Type of visa (if applicable)	Passport number
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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*
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Start date	Number of weeks
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2) College/Center name	Course name*
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Start date	Number of weeks
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Would you like to take a Kaplan Live Online Passport Course before you travel?  Yes  No

\*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)
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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	<input type="checkbox"/> Single room	<input type="checkbox"/> Twin room	<input type="checkbox"/> Triple/Multi room
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Accommodation type	<input type="checkbox"/> Homestay	<input type="checkbox"/> Apartment	<input type="checkbox"/> Residence	<input type="checkbox"/> Hostel
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Accommodation name:	Meals per week (if different options are advertised):
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Homestay supplements (only where advertised - not available in USA)	<input type="checkbox"/> Private bathroom	<input type="checkbox"/> Close to school supplement	Zone:
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Other accommodation supplements may apply, including seasonal supplements during the summer or at Christmas. See price list or speak to a Kaplan representative for details.

**Additional services**

Would you like Kaplan Travel and Medical Insurance?

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 (please contact KIC to arrange payment or visit [www.kaplaninternational.com](http://www.kaplaninternational.com) to pay online)

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 Terms and Conditions detailed on pages 73-74 and Kaplan's privacy policy which can be found at [www.kaplaninternational.com/privacy](http://www.kaplaninternational.com/privacy).

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.