APPLICATION FORM

KAPLAN INTERNATIONAL LANGUAGES

PROMOTION CODE:

STUDENT INFORMATION

Family Name:	First Name(s):
Gender:	☐ Male ☐ Female
Date of Birth (dd/mm/yyyy):	
Country of Birth:	City of Birth:
Mother Tongue:	Nationality:
Full Address:	
City:	Postcode:
Country:	
E-mail:	
Telephone:	
English Level:	
Type of Visa:	Passport No:

ABOUT YOUR LEGAL GUARDIAN

Fill out this section if student is under 18 years of age. (In Vancouver this applies to students under 19 years of age)

Family Name:	First Name(s):
Home telephone number:	Email address:
Permanent address:	

SCHOOL & COURSE INFORMATION

School Location:	
Course Name:	
Number of Weeks:	Start Date:

If more schools are booked

School Location 2:	
Course Name:	
Number of Weeks:	Start Date:

AM GUARANTEE	☐ Yes ☐ No	20GBP/EUR/CAD/USD (per week - from the 13th week free)

ACCOMMODATION

Accommodation Type:	☐ Homestay ☐ Residence ☐ Apartment ☐ Hotel
Room Type	☐ Single ☐ Twin ☐ Multi
Check-in (dd/mm/yyyy)	Check-out (dd/mm/yyyy)
Accommodation Name (if several options are advertised):	
Any special requests? (e.g. medical requirements, allergies, special diet, no pets)	☐ Yes ☐ No If yes, please specify:
Do you smoke?	☐ Yes ☐ No
Homestay supplements (only where advertised - charges apply)	☐ Private bathroom ☐ Close to school supplement ☐ Homestay special diet ☐ Luggage retainer Zone (London/Dublin):
Accommodation Option 2 (if first choice is not available)	

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.

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 (Provide details including amounts):	
Partner Signature:	

MEDICAL CONDITIONS

Do you have a disability, impairment, or long-term medical condition which may affect your studies? ☐ Yes ☐ No

If yes, please provide medical documentation from a relevant treating professional detailing the impact of your condition on your ability to meet academic demands. Please see our Terms and Conditions (Application Process / 6. Health Declaration)

ADDITIONAL SERVICES (CHARGES APPLY)

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? (Please send flight details to your Kaplan representative)	On arrival? ☐ Yes ☐ No On departure? ☐ Yes ☐ No
I would also like to book the following services	☐ Internship Placement (Available in London and Dublin) ☐ University Placement Service ☐ Courier service for visa documentation

PAYMENT

At this time, I wish to pay:	☐ The application fee ☐ The full fees
Payment method: ☐ Credit card (Please contact us to arrange payment or visit www.kaplaninternational.com to pay online) ☐ Bank transfer (We will send you transfer details)	
I am sponsored by:	

DECLARATION

☐ I confirm that I have read, understood, and agreed to be bound by Kaplan's Terms and Conditions detailed on pages 32-37 and Kaplan's privacy policy which can be found at www.kaplaninternational.com/privacy-notice

☐ 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. In Vancouver this applies to students under 19 years of age)*	Date:

Please return the completed form to the Kaplan International Languages booking office or to your local representative.