20200


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| Personal and Academic - Please complete |
| Family Name |  | First Name |  |
| Home Address: |
|  |
| Email Address:  |
| Telephone  | Mobile: | Home: |
| Nationality |  | Native Language |  |
| Sex (male/female) |  | Date of Birth |  |
| Do you smoke? |  | Do you object to smokers? |  |
| Do you object to young children? |  | Are you allergic to cats/dogs? |  |
| Health problems/allergies? Yes/NoAny special dietary requirements? Yes/NoAny medicines carried? Yes/NoIf yes - please give details. (Headed certificate signed by your family doctor required.) | Details: |
|  Interests and hobbies |  |
| Level and Skills |
| LEVEL OF ENGLISH? | Speaking | Listening | Reading | Writing |
| From 1 to 10(1 low/10 high) |  |  |  |  |
| Mark in class  |  |  |  |  |
| Name of school/university |  |
| Please give details of any academic courses you are following, or examinations studied for: |  |
| Have you attended a Channel course before, if so when? |  |
| Dates and Duration (All courses begin on Sunday and end on Saturday) |
| Date of Arrival  |  | Number of weeks[ ] weeks |
| Date of Departure  |  |
| Arrival Details and Taxi Transfers |
| Do you require a taxi transfer to/from your host family? | YES |  | NO |  |
| If yes, taxi fare to be paid directly to the driver in GBP sterling. |
| GENERAL AND JUNIOR COURSES  |
| One to one |  | Two to one |  | Name of person you are sharing with |  |
| Hours tuition per week | 10 |  | 15 |  | 20 |  | 25 |  |
|  |
| **IN ENGLISH, please write a short description of yourself and your objectives in attending a** **Channel English Studies Course. Please highlight any exam preparation required.** |
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| **PAYMENT DETAILS*:* by bank transfer** |
| Please confirm the name and address of the person or company responsible for payment of fees.  |
| NAME |
| ADDRESS |

**Channel English Studies**

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