



WESTBOURNE ACADEMY

31 ALUMHURST ROAD, WESTBOURNE,
BOURNEMOUTH, BH4 8EN
TEL:01202 752777
EMAIL: info@westbourneacademy.com

ENROLMENT FORM

HOW TO ENROL: Please complete this form and send it together with TWO passport photographs to our agent in your area or directly to the Academy.

Personal Information

Mr/Mrs/Miss Surname: First Name:
 Address:
 City: Country:
 Telephone Number: Home Mother Tongue:
 Nationality: E-mail:
 Date of Birth: Mobile:
 Passport Number: Country of Birth:

Emergency 24-hour telephone contact details (Names and contact numbers):

1st) 2nd).....

Course Details

Course start date: Course end date:
 Choice of course: Number of weeks:
 How long have you been studying English? Years..... Months.....
 Level of English: Beginner () Elementary () Intermediate () Advanced () *Please tick*

Accommodation Details

Do you need to book homestay accommodation? Yes / No (Please circle)
 Do you have/ have you ever had any medical conditions or disabilities? Yes / No (Please circle)
 Do you have any dietary requirements?.....
 Do you smoke? Yes / No (Please circle) Do you have any allergies?.....
 Will you have a vehicle in England?..... Do you need a taxi transfer?.....
 Number of weeks of accommodation..... Arrival date..... Departure date.....
 Are you happy to be placed in private home accommodation*? Yes / No (Please circle)

**This means that there may be more than 4 students in the home*

Before signing this enrolment form I confirm I have read the prospectus and agree to abide by the rules of the Westbourne Academy. You should be aware that information about your enrolment, attendance and progress at this establishment may be passed to the Immigration and Nationality Directorate of the Home Office for purposes connected with Immigration.

Please note that Westbourne Academy does not take responsibility for the supervision of students under 18 out of lessons or scheduled activities. I understand that weekday lunches are not provided unless requested and confirmed in writing.

SIGNATURE..... **Date**.....

(Parent or Guardian if student under 18 years old)

OFFICE USE ONLY

1st Extension from..... to..... Signed.....
 2nd Extension from.....to..... Signed.....
 3rd Extension from.....to..... Signed.....
 Homestay Name/Number..... Homestay Telephone.....

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