

APPLICATION FORM

PROMOTION CODE:

STUDENT INFORMATION

| | |
|---|----------------|
| Family Name: | First Name(s): |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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: |

ACCOMMODATION

| | |
|---|--|
| Accommodation Type: | <input type="checkbox"/> Homestay <input type="checkbox"/> Residence <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel |
| Room Type | <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> 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) | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: |
| Do you smoke? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Homestay supplements (only where advertised - charges apply) | <input type="checkbox"/> Private bathroom <input type="checkbox"/> Close to school supplement <input type="checkbox"/> Homestay special diet <input type="checkbox"/> 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 <input type="checkbox"/> Partner <input type="checkbox"/> Student <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No On departure? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I would also like to book the following services | <input type="checkbox"/> Internship Placement (Available in London and Dublin) <input type="checkbox"/> University Placement Service <input type="checkbox"/> Courier service for visa documentation |

PAYMENT

| | |
|---|---|
| At this time, I wish to pay: | <input type="checkbox"/> The application fee <input type="checkbox"/> The full fees |
| Payment method: | |
| <input type="checkbox"/> Credit card (Please contact us to arrange payment or visit www.kaplaninternational.com to pay online) | |
| <input type="checkbox"/> 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.