Please complete this form clearly in ENGLISH if possible.

**BOOKING FORM**

For **ADULT ENGLISH COURSES (Daytime)** Only

|  |
| --- |
| PERSONAL INFORMATION |
|  |
| Family Name |  | First Name |  |
|  |  |  |
| Birthday(dd/mm/yy) |  | Phone No. |  | Email |  |
|  |  |  |
| Home Country Address |  | Gender |  |
|  |
| Nationality |  | Passport Number |  | Expiration Date:(dd/mm/yy) |  |
|  |
|  |
| Do you have any special needs or medical conditions? |  | Yes |  | No | *(If yes, please write the details below)* |
|  |
|   |
|  |
| **CONTACT PERSON In Case of Emergency***(if possible, someone who can speak English)* |
|  Full Name |  | Email |  |  |
| Relationship |  | Phone No. |  |
|  |  |  |  |
| How did you **first** learn about PACIFIC TREE?  |
|  |  | Family/Friends |  | Website |  | Brochure/Leaflet |  | Social Media  |  | Newspaper/Magazine  |
| N |
| COURSE INFORMATION |
|  |
| Course Name |  |
| Start Date (dd/mm/yy) |  | Number of Weeks |  |  |
|  |
| What do you think yourlanguage level is? |  |  | Beginner  |  | Elementary |  | Pre-intermediate |  | Intermediate |
|  |
|  |  | Upper Intermediate |  | Advanced |  |  |
|  |  |
|  |
| BOOKING INFORMATION |
|

|  |  |
| --- | --- |
| What do you want us to book for you?  | **Accommodation Details**(*Please mark your preference*.) |
|  |  |
|  |  | Course Only |  | Course and Accommodation |  |  | Single Room |  | Twin Room |
|  |  |  |  |  |  |  | Triple Room  |  | Quad Room  |
|  |  |
| Do you want us to pick you up at the airport? | **Flight details**  |
|  |
|  |  | Yes |  | No |  | Arrival Date :Arrival Time: AM or PM :Flight Number : |
|  |

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|  |
|  |
| STUDENT AGREEMENT |
| I declare that the information given is correct and accurate. I declare that I have read and understood the TERMS AND CONDITIONS of Pacific Tree International Language Academy. I agree to abide by the school’s policies and procedures. |
|  |  |  |
|  |  |  |  | Please mark the box *(as substitute for your signature)* to confirm that you agree to the |
| NAME OF THE STUDENT/APPLICANT | DATE OF SUBMISSION(dd/mm/yy) |  | above declaration. |
|  |