



ENROLMENT FORM (Please, use capital letters)

PERSONAL INFORMATION		
Male	<input type="checkbox"/>	Female <input type="checkbox"/>
Surname(s)		
Name		
Date of Birth		
Age		
Nationality		
Occupation		
Passport number		
Telephone		
email address		
Address in home country	Street	
	Town or city	
	Post code	
	Country	
For under 18's		
Father's name		
Father's telephone number		
Father's email address		
Mother's name		
Mother's telephone number		
Mother's email address		
Address in home country	Street	
	Town / City	
	Post Code	
	Country	
In case of an emergency	Call	
ACCOMMODATION		
Do you smoke?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Would you accept staying with a smoking family?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you suffer from an allergy?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Give details:
Do you have any medical treatment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Give details:
Would you accept staying with a family that has pets?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Other requirements		
Date:	_____/_____/_____	
Student's signature:		
Father's, mother's or legal representative's signature.		