



# Teenage Student Enrolment Form

ESE

## Personal Details

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Sex:  Male /  Female

Tel: \_\_\_\_\_

Surname of Parent / Guardian: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Tel.: \_\_\_\_\_

In Case of Emergency Contacts:

1. Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Tel.: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Tel.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Agency (if applicable):  
 GBstudies - Guido Bellotti gbstudies@gmail.com  
 tel +39 06452215297 fax +39 06 62276219

## Travel Details

Departure Airport: \_\_\_\_\_

Arrival Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Flight No.: \_\_\_\_\_

Time of Arrival:  am /  pm

Departure Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Flight No.: \_\_\_\_\_

Time of Departure:  am /  pm

Would you like ESE to book a flight for you?  Yes /  No

## Course Details

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

General English (please specify course):  20 /  30

Intensive (General English + Private Lessons)

Semi-Intensive (Min. 2 persons)

Private Tuition (Please specify the number of lessons per week):  
 10 /  20

Semi Private Tuition (Min. 2 persons per course)  
 10 /  20

Diving (please specify course):  
 Open Water Padi (2 weeks) /  Advanced Padi (1 week)

Sailing (please specify course):  Level 1 /  Level 2

Extreme Sports Plus (for students aged 16+)

Family Pack

Milan Junior Camp

## Accommodation Details

Type of Residence:  Host Family (13-18 years)  
 Junior Club (13-18 years)  
 College Camp (12-15 years)

Host Family with Pets?  Yes /  No

Are you a Vegetarian?  Yes /  No

Do you require a Special / Vegetarian Diet:  Yes /  No  
 If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Medical Information (if applicable)

Do you have any medical or psychological conditions, allergies or diet restrictions?  Yes /  No  
 If yes, please provide a medical certificate and specify any particular requirements (whether to do with nutrition or medication).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please process my enrolment in accordance with the information provided herein. I agree that my enrolment is subject to the terms and conditions stated on page 48.

Signature(s) of Parent(s) / Guardian: \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_