

Application Form

Please write in CAPITAL LETTERS in BLACK PEN

Student's Details

| | |
|----------------------------------|--------------------|
| First Name: _____ | Tel Number: _____ |
| Surname: _____ Male/Female | Fax Number: _____ |
| Address: _____ _____ _____ | E-Mail: _____ |
| Date of Birth: _____ | Nationality: _____ |
| | Passport Nr: _____ |

English Course Details

| | |
|---|--------------------|
| Intensive General English <input type="checkbox"/> | Start Date: _____ |
| IELTS Preparation Course <input type="checkbox"/> (<i>Intermediate and above</i>) | Finish Date: _____ |
| Other _____ | |

Next Course Details

Where do you want to study after Leeds English Language School?

Additional Comments

Health Issues

If you have any health issues that we need to be aware of please give details below

I confirm that I have read the terms and conditions on the website www.leedsenglish.co.uk

please tick and sign _____

Agent's Details (If applicable)

| | |
|---|---------------------------|
| Company Name: _____ | Contact Name: _____ |
| I confirm that the above agent is acting on my behalf | E-Mail: _____ |
| _____ (student signature) | Agency stamp or signature |