

Millfield English Language Holiday Courses

Student Name _____

Millfield School 12-17 years
 Downside (weeks 1-4) 12-17 years

Millfield Prep School 7-11 years

Please begin the application process by indicating the required length of stay – two, three, four or six weeks.

Please note Sunday arrival/departure dates

July			August		
WEEK 1 Sun 11 – Sun 18 July	WEEK 2 Sun 18 – Sun 25 July	WEEK 3 Sun 25 July – Sun 1 Aug	WEEK 4 Sun 1 – Sun 8 Aug	WEEK 5 Sun 8 – Sun 15 Aug	WEEK 6 Sun 15 – Sun 22 Aug
<input type="checkbox"/> 2-week block	<input type="checkbox"/> 2-week block	<input type="checkbox"/> 2-week block	<input type="checkbox"/> 2-week block	<input type="checkbox"/> 2-week block	<input type="checkbox"/> 2-week block
<input type="checkbox"/> 3-week block			<input type="checkbox"/> 3-week block		
<input type="checkbox"/> 4-week block				<input type="checkbox"/> 4-week block	
<input type="checkbox"/> 6-week block					

In order to help with the quick processing of your application and to guarantee a place, please make sure that **all forms** have been completed and returned to the course administrators as soon as possible.

Checklist of essential documents (please tick ✓ when completed)

- Form 1 (Enrolment Details)
- Form 2 (Student Information)
- Form 3 (Student Medical Information)
- Form 4 (Student Travel Details)
- Form 5 (Afternoon Options)
- Form 6 (Course Fees)
- Photocopy of Insurance

I have read, clearly understood and signed on Form 6 to accept the Terms & Conditions

Please submit this application form by one of the following methods: by email to mahc@millfieldenterprises.com or fax to +44 (0) 1458 840 584 or by post. If you require assistance completing these forms please contact the Course Administrator.

Millfield Holiday Courses

Millfield Enterprises Street Somerset BA16 OYD United Kingdom
T +44 (0) 1458 444458/319/112 **F** +44 (0) 1458 840 584 **E** mahc@millfieldenterprises.com

Student Information

Office use only

I.D. number _____

Please complete this form in block capitals (e.g. PETER SMITH). Please print clearly in black ink.

For Visa applications only

Passport number _____ Place of issue _____
 Date of issue _____ Expiry date _____

Student Details

Family name _____ First name(s) _____
 Nationality _____ Country of birth _____
 Gender (please tick) Male Female
 Is there anything important we should know about your child?
 (please tick) Yes No

If yes, please give details (continue on the Medical Form (3) if necessary)

If the student would prefer to share a room with a friend, state their name below

We will do our best to meet your requirements as rooms are subject to suitability and availability

Day Month Year

Agent Stamp

Language Information

First language (mother tongue) _____
 Level of English (please tick only one) Beginner Elementary Intermediate Advanced

T-Shirt Size

All students will receive a free T-shirt (please tick to indicate your size) Small Medium Large

Parent/Guardian Details

Title (Mr, Mrs, Ms, other) _____ Family name _____ First name(s) _____
 Tel (home) _____ Tel (mobile) _____ Fax _____
 Address _____
 _____ Postcode _____
 Country _____ E-mail _____

General Information

Has your child attended a Millfield English Language Holiday Course previously? Yes No
 How did you hear about Millfield? Friend Brochure Internet Agent
 Other please state _____



Student Medical Information

Office use only

Input date & initials _____

First name _____ Family name _____
 (please tick)
 Male Female Date of birth Day Month Year Age _____ Nationality _____

Has your child suffered in the past from any major illness or injury? (please tick)
 If yes, please give details _____ Yes No

Does your child suffer from any current medical issues of which we should be aware?
 If yes, please give details _____ Yes No

Is your child currently taking any long-term or repeated medication?
 If yes, please state the name, dosage and time for the medication to be administered _____ Yes No

Please note that all medication brought on campus must be given to the Residential Co-ordinators upon arrival.
 For reasons of safety, there are strict regulations for the management of medicines. We are only able to accept responsibility for drugs licensed in the UK. Please do not send medicines with your child unless prescribed by a Doctor together with an English translation.

Does your child have any significant allergies or any special dietary requirements?
 If yes, please give details _____ Yes No

A Nurse or an agreed member of staff is on duty throughout the course to treat your child and administer the following over-the-counter medicines: Paracetamol tablets or sugar-free suspension, Ibuprofen, cough linctus, antacid, throat lozenges, anti-histamine and travel sickness tablets.

Please tick if you are happy with this treatment if required. Yes No

Parent/Guardian with parental authority. Please sign to confirm the information on this form is correct.

Signature _____ Print name _____ Date _____

Please provide us with an emergency contact name and number(s) where we can reach you, or a suitable alternative, for contact at any time of the day or night.

Emergency contact	Relationship	Phone number (with country = area codes)

Emergency Treatment

In the event of an emergency, staff will make every reasonable effort to contact a parent or legal guardian before permitting treatment to proceed as advised by the medical authorities present.

Please inform us immediately if any of this information changes

This information will be accessed and used by staff who are responsible for looking after the welfare of your child



Student Travel Details

Please tell us your travel plans before 14 June 2010
even if you are not using the Millfield airport transfer service

Office use only

Input date & initials _____

Student Details (please tick ✓ one option only)

Student name _____ Age (at time of travel) _____

 Do you require standard airport transfer? Please complete section 1

 Do you require a private taxi? Please contact Tony Dubens direct to arrange times and costs then complete section 2

 Do you wish to make your own arrangements? Please complete section 2

Section 1

Airport Arrival (for students requiring standard airport transfers)

Please indicate with a tick ✓ the date on which you will require an arrival transfer

Sunday 11 July **Sunday 25 July** **Sunday 1 August** **Sunday 8 August**

Travelling from _____ Airport

 Please tick ✓ whether you will be arriving at **Bristol** **Heathrow** **Gatwick**

Terminal no. _____ Flight no. _____ Flight arrival time _____

Airport Departure

Please indicate with a tick ✓ the date on which you will require a departure transfer

Sunday 25 July **Sunday 1 August** **Sunday 8 August** **Sunday 22 August**

Travelling to _____ Airport

 Please tick ✓ whether you will be departing from **Bristol** **Heathrow** **Gatwick**

Terminal no. _____ Flight no. _____ Flight departure time _____

Parent/Guardian/Agent travel contact name

Please make sure that you are contactable 24/48 hours prior to departure in case we need to reconfirm the travel plans.

Contact mobile/telephone Day _____ Evening _____

The Key Millfield Representative assigned to co-ordinate all student travel arrangements is Tony Dubens.
Contact him with queries or urgent travel enquires on the day:
Tony Dubens on tonydubens@googlemail.com or telephone + 44 (0) 7900 555 666

- All students will be met by a Millfield Representative who will be wearing a red Millfield T-shirt and carrying a 'Millfield' sign
- All students must report and introduce themselves to our Representatives as soon as they land/arrive
- Please go to the Information Desk in the airport if you cannot find our Representatives, or phone Tony Dubens
- Some airlines will request details of the name and address of an individual responsible for meeting the students, please give the following information: Tony Dubens, Millfield Enterprises, Millfield School, Street, Somerset BA16 0YD United Kingdom or telephone + 44 (0) 7900 555 666
- As flights land at different times, some students will inevitably have to wait with our staff for other students to arrive, please be prepared for this, but remember – we want to get all the students to Millfield as quickly as possible

Section 2 (for students arranging a taxi or other arrival/departure)

Please give us details of the student's own arrangements

Arrival at Millfield

Date _____

Arrival time _____

Name of accompanying adult _____

Departure from Millfield

Date _____

Departure time _____

Name of accompanying adult _____

Course Fees

Payment Please tick one of the following boxes

Course Fees **2 weeks** £1900 **3 weeks** £2750 **4 weeks** £3500 **6 weeks** £4950

Full fees will be retained if students cancel on or after 14 June 2010. Please see Terms & Conditions for full details.

For students choosing Academy Golf or Riding, an additional fee is payable (£50 per week)

Insurance

We request that you have insurance for your own financial and personal security. You can take out your own insurance or the International Student Policy (see our website) which has been specially designed for overseas students studying in the UK.

To take out the International Student Policy please visit our website: www.millfieldenterprises.com/insurance

If this option is taken, payment is to be made direct to the insurers.

Proof of medical/travel insurance cover will be required before the start of the course.

Optional Extras

 please tick

Week 1 Cultural London w/end £300 Week 2 Sightseeing London w/end £300 Week 3 Trinity Exam £70

Week 4 Shopping London w/end £300 Week 5 Oxford w/end £300 Week 6 Trinity Exam £70

Standard Airport Transfers

 If yes, please tick which airport

The transfer prices are for return travel on the arranged Sundays only

Bristol (1hr) £100 **Heathrow** (2½ hrs) £160 **Gatwick** (3½ hrs) £200

Total Course Fees

 Please calculate the total amount due by writing the figures in the applicable boxes

Confirmation details by DHL (international courier) can be arranged (£60)

£ Basic Course + £ Golf /Riding + £ Optional extras + £ Airport transfers + £ DHL = £ Total

The deposit must be submitted with the application. The balance must be paid in full by 14 June 2010.

Pay deposit **£300** or Pay total course fees £

Please note: a £10 administration fee will be charged for each course change per student, once the application has been processed

I have read, clearly understood and accept the Terms & Conditions

Signature of Parent or Guardian _____ Date _____

Chosen method of payment

 This section must be completed. Please tick the appropriate boxes

I enclose (please tick one only) £ Sterling Cheque Credit/Debit Card If you wish to pay by another method, please contact us.

Full payment of £ Deposit of £

Please note that any booking made on or after 14 June 2010 must be accompanied by full payment.

Mastercard/Visa

Switch Solo (please tick one only)

Card Expiry Date Valid from Issue No. Security Code

(for Switch & Solo only)

(last 3 digits on the reverse of your card)

Name (please print) _____

Cardholder signature _____ Date _____

If you have paid the deposit only, and are paying by credit/debit card, the full balance will automatically be deducted on or just after 14 June 2010. Alternatively, please ensure that Millfield receives the balance by this date. In line with current legislation, all card details will be destroyed once all balances have been paid in full.