CAPITAL SCHOOL OF ENGLISH

Accredited by the BRITISH COUNCIL

APPLICATION FORM

PERSONAL DETAILS	
Surname/Family Name:	Gender: Male _ Female _
First/Given Name:	Date of Birth:
Nationality:	Country of Birth:
Permanent Home Address:	Address in the UK:
Post Code :	First Language :
Tel :	Tel/(Mobile):
Passport No :	Email :

ENGLISH LEVEL
Please indicate qualifications gained as proof of English language level and score achieved (e.g.IELTS.TOEFL)* Test Score/Grade Date of Test
*If you have no recognized English language qualification the School will test you online

PROPOSED COURSE OF STUDY	
Please indicate the course you wish to follow(please tick)	
General English (15 hours) _	IELTS Preparation _
General English (19 hours) _	Executive English _
When would you like to start ?	

ACCOMMODATION DETAILS
Do you want the school to arrange your accommodation? Yes _ No _ If Yes, please indicate Host Family _ Hostel _ Do you smoke? Yes _ No _ Any special needs(Allergies/dietary etc): Accommodation date:

AIRPORT PICK UP
Do you want the school to meet you at the airport? Yes _ No _
I confirm that the information given in this form is complete and correct. Signature: _____ Date: