



STUDENT INFORMATION

Family Name		First Name		Please attach passport sized photograph here
UK Name		Male/Female		
D/O/B		Nationality		
Passport Number		Visa Expiry Date		
Home Address				
			Postcode	
Home Phone No			Student Email	
Religion			Student Mobile	
Interests				

Does your child speak any other Languages?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, which?	
Has your child been in the UK before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, how long for?	
Does your child have any siblings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, names & Ages?	
Does your child have any relatives in the UK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who & where	
Any special d requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, What?	

EDUCATION

School Name				Address		
From	To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Please list Grades Achieved						

PLEASE GIVE A WRITTEN EXAMPLE OF YOUR PERFECT HOST FAMILY





PARENTS DETAILS

FATHER			
Full Name			
Fathers Mobile		Father Email	
Profession			
Father speaks English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
MOTHER			
Full Name			
Mothers Mobile		Mothers Email	
Profession			
Mother speaks English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
UK Guardians to copy in on student arrangements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

ADDITIONAL CONTACTS FOR EMERGENCIES - FRIEND/RELATIVE

Name:		Relationship
Email:		
Telephone:		

MEDICAL DETAILS

Does your child have any infectious diseases?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, please give details	
Has your child ever been hospitalised or had any serious illness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, please give details	
Is your child on any current medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, please give details	
Does your child suffer from any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, please give details	
Does your child suffer from Asthma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, please give details	
Does your child suffer from Hayfever?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, please give details	
Does your child suffer from Travel Sickness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, please give details	
Is there any reason why your child cannot take part in active games or sports?				





DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

On receipt of the completed Application Form we shall send an invoice for payment. Guardianship will only be confirmed once the full payment has been received. Payment can be made either by sterling bankers draft or by telegraphic bank transfer.

We have read and understood the UK Guardians Terms and Conditions. Yes [] No []

We will pay the fees in advance or on receipt of an invoice. Yes [] No []

We have read, understood and accept the contents of the UK Guardians terms and conditions which explain the scope of the guardianship responsibilities and services Yes [] No []

Parents Signature

Print Name

Date