







Tel: (0) 1273 - 414973 Fax: (0) 1273 - 430564 info@loxdale.com

www.loxdale.com

YOUNG LEARNER BOOKING FORM

Personal Details (Please write clearly and in BLOCK CAPITALS)						
FIRST NAME:			(day/mo	OF BIRTH onth/year) • Male	 □ Female	
PASSPORT/National ID Card (Please scan or photocopy you	no.: ur passport/ID car	d and send us a	NATI (copy wi	DNALITY : _th your applic	cation form.)	
Student Mobile phone num	ber: code:	number:				
PARENT E-MAIL ADDRESS: _			@)		
POSTAL ADDRESS:						
City & postcode:						
Country:						
Name of parent or guardia	n:					
Who do we contact in an e	mergency? Na	me/relationship				
Home Telephone no.:	code:	number:				
Mobile Telephone no.:	code:	number:				
Do they speak English?	Yes □	No □				
For your safety and welfare, part diets? (e.g. Diabetic, gluten from hard of hearing, blind etc).						
Course Details						
What date would y	ou like to jo	in the cour	se an	d for how	/ long?	
☐ Summer Young Learne☐ Optional summer extra					weeks:	
☐ Winter Young Learner	Course: Start	: date:		No. of	weeks:	

The protection of your privacy and personal information is important to us.

By completing this booking form you are also allowing Loxdale English Centre to handle your personal data appropriately whilst complying with GDPR. Personal data will be shared with relevant third parties such as staff, hosts, and transport providers. We respect your privacy and will only give out information to our staff, partners or hosts that is relevant to them to ensure they do their job properly. We never give out your details to anyone else unconnected with the school.

Level of English					
Have you taken any international English exams? If so, please comment:					
Native language: Other languages spoken:					
How many years have you studied English?					
What level of English do you think you have? ☐ Advanced Plus ☐ Advanced ☐ Upper Intermediate ☐ Intermediate ☐ Pre-intermediate ☐ Elementary					
Accommodation The more information we have, the easier it is to find the most suitable host family for you.					
I would like the following type of accommodation:					
☐ Full board homestay with a cooked lunch					
☐ Full board residential accommodation with cooked lunch.					
☐ I will live with my parents and they have organised their own accommodation.					
Do you smoke?					
Accommodation arrival date: Accommodation departure date:					
Do you have any special requests? If so, what? (pets, children, piano, interests?)					
What do you enjoy doing in your free time?					
Transfer & insurance Would you like an airport transfer? □ On arrival □ On departure □ No					
Which airport? (If known)					
Would you like us to organise your medical/travel insurance? £6.51 p/w ☐ Yes ☐ No					
Payment					
I will transfer the full course fees at least 14 days before arrival by bank transfer. □					
Once completed, please sign this form and e-mail or send to Loxdale with: a) £90 booking fee or proof of payment. b) 1 passport sized photo. c) Photocopy or scan of your passport.					
I have read and accept the terms and conditions of this School. I understand that I will have to sign the Safeguarding Forms and that my child must observe the school rules including going home directly after the evening activity.					
Signed/Digitally signed: Date:					