



London International Study Centre

APPLICATION FORM FOR GROUPS

Agent Information *(please write in capital letters)*

Course start date:

Weeks:

Course end date:

Nationality:

AGENT NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

Tel: _____ Fax: _____

E-mail: _____ Mobile: _____

GROUP LEADERS

FORENAME	SURNAME	DATE OF BIRTH	SEX F/M	CONTACT NUMBER (phone, mobile)	HOST FAMILY IN LONDON

Emergency contact number: _____

Additional Information: _____

Student Information *(please write in capital letters)*

LIST OF STUDENTS

No	Forename	Surname	Date of birth (Age)	Gender F/M	Nationality	Level of English	Contact number (Mobile)	Additional information (food, hobby , medical history, special diet, requirements ect.)	Host Family in London (office use only)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									

ADDITIONAL INFORMATION

(please write in capital letters)

Group special interest/visit:

INSURANCE: Has insurance been organized for your group?	YES	NO
If not, would you like LISC to do this for you?	YES	NO

DECLARATION:

(We / I) confirm that, to the best of *(our / my)* knowledge, the above information is accurate.

I have read and accept the terms and conditions and enclose a payment (plus VAT) with this application form.

Signature : _____

Name in print: _____

Date: _____