ENROLMENT FORM 2025



STUDENT INFORMATION

First Name:					Family Name:				
Gender: Male Female Date of Birth: DD MM YYYY					Country of Birth:				
Nationality:					Mother Tongue:				
Address:									
Country: City:								Postcode:	
Student Email:					Passport No:			Expiry Date:	
Telephone (Mobi	e):					Telephone (Home):			
How did you hear	about us?								
Beginner	L OF ENGLIS	y	Pre-interm	ediate		Intermediate	Upp	oer-i	ntermediate Advanced
BOSTON, USA Ages: 13–17 \$3245 (USD) per week		LONDO Ages: 13–1 £2595 (GB CHOOSE PR 29 Ju 13 Ju	LONDON, EUROPE Ages: 13–17 £2595 (GBP) per week CHOOSE PREFERED DATES 29 June – 13 July 13 July – 27 July 27 July – 10 August			SINGAPORE, ASIA Ages: 13–17 Coming soon			CAPE TOWN, AFRICA Ages: 13–17 Coming soon
Is a student visa required? Please note that it is your responsibility to obtain a student visa if necessary Yes No				Optional Student Insurance Would you like to purchase student insurance? Boston \$20 per week / London £12 per week					
TRANSFERS & FLIGHT INFORMATION Do you require a transfer? Yes No Transfers can be provided from major airports at the below costs LONDON ONE WAY									
LHR L	GW LTN	STN	LCY	LSP		Logan Airport			
	178 £231	£207	£63	£63		\$199			
Arrival Date: DD MM YYYY Arrival Flight No:					Depature Date: DD MM YYYY Departure Flight No:				
Arrival Time:					Departure Time:				
Departure - Airport / City:					Departure - Airport: including terminal				
Arrival - Airport: including terminal					Travelling as an unaccompanied minor?				

EMERGENCY CONTACTS

Emergency	Contact	No.	
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Name:	Name:
Relationship to student::	Relationship to student:
Telephone (Mobile):	Telephone (Mobile):
Telephone (Home):	Telephone (Home):
Email:	Email:

Emergency Contact No. 2

DOES THE STUDENT HAVE ANY SPECIAL REQUIREMENTS, INCLUDING MEDICAL CONDITIONS?

Please use the space below for extra information and special requirements (allergies, medical, special learning requirements)

PLEASE NOTE: By providing information concerning your health and medical status you consent to Global Achievers Academy using this information as set out in our Privacy Policy and the Terms and Conditions Global Achievers Academy will aim to accommodate special requirements, however certain requests may not be possible or may incur additional charges. All special requests are subject to availability and confirmation.

PAYMENT

Who will be paying for vour course?	Direct
your oouroe.	Payme

Direct payment by me/parent/company

Payment via my agent

Payment through a sponsor

AGREEMENT STATEMENT OF PARENT/GUARDIAN

- I have read and understood the terms and conditions outlined in the relevant Global Achievers Academy terms and conditions of enrolment documentation, including the cancellation and refund policy.
- 2. As Parent and/or Guardian for my child, I have read and agreed to the consents described in the Parental Consent Form.
- 3. I have read and understood the relevant schedule of costs set out in the current Global Achievers Academy price lists and hereby affirm that I have sufficient funds to pay for all tuition costs as well as the cost of all food, accommodation and all other personal expenses during the full period of my or my child's course.
- I authorise Global Achievers Academy to take appropriate action in the event of a medical emergency and I understand that I am responsible for all medical bills incurred.
- 5. I certify that all the information given by me in this enrollment form is accurate and complete.
- 6. I confirm that my child will travel with adequate travel insurance.

Signature of student:	Date
	DD MM YYYY
Signature of parent or guardian:	Date
	DD MM YYYY

Relationship to applicant:

The privacy of your information is extremely important to us. We will only ask for and use your personal information for the purposes set-out in our Privacy Policy and in accordance with data protection legislation. For more information please visit www.globalachieversacademy.com/privacy-policy.