ENROLMENT FORM 2026



STUDENT INFORMATION

First Name:			Family Name:									
Gender: Male Female Date of Birth: DD MM YYYY						Country of Birth:						
Nationality:			Mother Tongue:									
Address:												
Country:	y:		Postcode:				Postcode:					
Student Email:				Passport No:			Expiry Date:					
Telephone (Mobile):						Telephone (Home):						
How did you hear about t	us?											
YOUR LEVEL OF ENGLISH?												
Beginner	Elementar	у	Pre-interm	nediate [Intermediate		Upper-int	erme	ediate Advanced/Fluent		
WHERE WILL YOU BE STUDYING?												
BOSTON, USA		LONDON,		DUBAI, UAE								
Ages: 13–17 \$7090 (USD) per 14 nights Ages: 13–17 £5500 (GBP) per 14 nights Ages: 13–17 \$4,650 (USD) per 10 nights												
CHOOSE PREFERRED COURSE CHOOSE PREFERRED COURSE						CHOOSE PREFERRED COURSE						
Global Leadership			Global Leadership			Global Leadership						
CHOOSE PREFERRED DATES			Architecture			Architecture						
28 June – 12 July	0	CHOOSE PREFERRED DATES			Sustainable Oil & Gas							
12 July – 26 July			28 June – 12 July			CHOOSE PREFERRED DATES						
26 July – 9 August			12 July – 26 July			29 March - 8 April						
26 July – 9 August								8 April - 18 Ap	ril			
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 / Dubai \$20 per week Yes No						
TRANSFERS & FLIGHT INFORMATION												
Do you require a transfer?	Yes	No										
Transfers can be provided from LONDON ONE WAY	major airports	at the below c	osts			BOSTON ONE W	AV	DUBA	LONE	: WAV		
LHR LGW	LTN	STN	LCY	LSP		Logan Airp				ernational		
£154 £187	£242	£217	£66	£66		\$209			\$	35		
Arrival Date: DD MM YYYY						Departure Date: DD MM YYYY						
Arrival Flight No:			Departure Flight No:									
Arrival Time:			Departure Time:									
Departure - Airport / City			Departure - Airport: including terminal									
Arrival - Airport: including terminal			Travelling as an unaccompanied minor? Yes No									

EMERGENCY CONTACTS

event of a medical emergency and I understand that I am responsible for

5. I certify that all the information given by me in this enrollment form $% \left(1\right) =\left(1\right) \left(1\right)$

6. I confirm that my child will travel with adequate travel insurance.

all medical bills incurred.

is accurate and complete.

Em	nergency Contact No. 1	Emergency Contact No. 2						
N	lame:		Name:					
R	elationship to student::		Relationship to student: Telephone (Mobile):					
Te	elephone (Mobile):							
Te	elephone (Home):	Telephone (Home):						
E	mail:		Email:					
_								
D	OES THE STUDENT HAVE ANY SPECIAL REQUIRE	ME	ENTS, INCLUDING MEDICAL	CONDITIONS?				
	ase use the space below for extra information and special requirements ergies, medical, special learning requirements)							
PLE	EASE NOTE: By providing information concerning your health and medical status you conser	nt to (Global Achievers Academy using this information a	s set out in our Privacy Policy and the				
Terr	ns and Conditions Global Achievers Academy will aim to accommodate special requirement uests are subject to availability and confirmation.							
P/	AYMENT							
Wh	o will be paying for your course?							
	Direct payment by me/parent/company Payment via my agent		Payment through a sponsor					
A	GREEMENT STATEMENT OF PARENT/GUARDIAN							
	I have read and understood the terms and conditions outlined in	Si	ignature of student:	Date				
	the relevant Global Achievers Academy terms and conditions of		ghataro or occasine.	DD MM YYYY				
2.	enrolment documentation, including the cancellation and refund policy. 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	L		_				
	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	Si	ignature of parent or guardian:	Date				
	of my or my child's course.			DD MM YYYY				
4.	I authorise Global Achievers Academy to take appropriate action in the							

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.

Relationship to applicant: