LONDON COLLEGE OF ENGLISH

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ACCOMMODATION BOOKING FORM

BLOCK CAPITAL LETTERS PLEASE

Mr/ Ms/ Mrs etc. **Surname/Family Name**																

FIRST NAME(S)																				

AGE: _____ **NATIONALITY**: _____ **SEX (F/M):** _____

PRESENT ADDRESS: _____

_____

Tel. No: _____ **Fax No:** _____ **E-mail:** _____

Name & address of a person/company responsible for paying the fees (if different from the above):
Name: _____ Address: _____

_____ Tel. No: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING THE RIGHT ANSWER:

1. Are you a vegetarian? Yes No **2. Do you smoke?** Yes No

Additional information you want us to consider: _____

ACCOMMODATION REQUIRED (Please chose one):

ROOM ONLY (£90 per week): ☐ ROOM+BREAKFAST (£100 per week): ☐

NUMBER OF WEEKS: _____START DATE: _____ FINISH DATE: _____

I agree to pay the fees when they are due. I understand that £35 Booking Fee is non- refundable. No fees are refundable once the student has arrived to the UK.

I agree to abide by the rules and regulations of the college stated in the college prospectus.

I enclose £ _____ (inclusive of £35 Booking fee)

Signed: _____ Date: _____