

Excel Education Application for Enrolment

Please complete this applicat Please read the Excel Education 12B Suffolk House, Croydon, Surrey, CRO 1PE, United Kingdom Tel: (0) 20 8680 3312 Web: email: info@excel.center

1. Personal Deta	ils		
Title: Mr/Mrs/Ms/Miss/Ot	her Your stat	tus in UK	
Surname:	First Name(s):		
Date of Birth:	Male/Female	Nationality:	
Address in the UK:			
	Post code:		
Telephone:	Mobile:En	nail:	
Address Overseas:			
	Post code:		
Telephone:	Mobile:Email:		
National Insurance Numbe	er (If Applicable)		
Do you have any medical	conditions we should know about?	Yes No	
If yes, please give details:			
Contact details in case of	emergency or next of kin:		
Name:			
Address:			
	Post code:		
Telephone:	Mobile:Ema	il:	
2. Course Details	\$		
Course Title (1):	Start Date	<u>!</u>	
3. English Langu	age Competency		
Is English your first langua State the Level of your Eng	ge? Yes No		

Beginner Elementary Intermediate Upper-Intermediate Advanced

Terms and Conditions:

By signing this application form, the student undertakes to abide by the rules and regulations of Excel Education and to follow their chosen course to the satisfaction of the relevant academic staff and management.

Students are required to pay a minimum deposit of 50% of their tuition fee before the start of their study programme. In certain special case, at the discretion of Excel Education, students may be allowed to pay the remaining fees in instalments.

If the student is unable to join their chosen course by the scheduled date, they must inform the School in writing no later than 7 days prior the commencement date.

The fees are non transferable to other students

The tuition fees do not cover the cost of books and other materials the students might require during their course of study.

The tuition fees do not cover the cost of external exams the student may wish to pass upon completion or during the course of study.

Applicant's signature:	Date
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