

# Kaplan Aspect enrolment form

## Kaplan Aspect representative information

Partner name/Contact person \_\_\_\_\_ Country \_\_\_\_\_  
E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

## Student information

Family name \_\_\_\_\_ First name(s) \_\_\_\_\_  Male  Female  
Date of birth (d/m/y) \_\_\_\_\_ Country of birth \_\_\_\_\_  
Nationality \_\_\_\_\_ Mother tongue \_\_\_\_\_  
Full address \_\_\_\_\_ City \_\_\_\_\_  
Postal code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone (home/mobile) \_\_\_\_\_ E-mail \_\_\_\_\_  
Language level \_\_\_\_\_ Type of visa (if applicable) \_\_\_\_\_

## School and Course information

1) School name \_\_\_\_\_ Course name\* \_\_\_\_\_  
Start date \_\_\_\_\_ Number of weeks \_\_\_\_\_  
2) School name \_\_\_\_\_ Course name\* \_\_\_\_\_  
Start date \_\_\_\_\_ Number of weeks \_\_\_\_\_

\*Please check the school pages and make sure your chosen course is offered at the school you have selected

## Accommodation

Check-in date (d/m/y) \_\_\_\_\_ Check-out date (d/m/y) \_\_\_\_\_  
Do you have any special requests (eg. medical requirements, allergies, special diet, no cats/dogs)?  Yes  No  
If yes, please specify: \_\_\_\_\_ Do you smoke?  Yes  No

### 1st Choice (please give your preferred choice of accommodation here)

Room type  Single Room  Twin Room  Triple/Multi Room  
Accommodation type  Homestay  Apartment  Residence  Hostel  
Accommodation name: \_\_\_\_\_ Meals per week (if different options are advertised): \_\_\_\_\_  
Homestay supplements (only where advertised - not available in USA)  Private Bathroom  Close to school supplement Zone: \_\_\_\_\_

### 2nd Choice (in case your first choice is not available)

Room type  Single Room  Twin Room  Triple/Multi Room  
Accommodation type  Homestay  Apartment  Residence  Hostel  
Accommodation name: \_\_\_\_\_ Meals per week (if different options are advertised): \_\_\_\_\_  
Homestay supplements (only where advertised - not available in USA)  Private Bathroom  Close to school supplement Zone: \_\_\_\_\_

## Additional services

Would you like Kaplan Aspect Travel and Medical Insurance?  Yes  No (If not, you will need to organise your own medical insurance)  
Would you like an airport transfer on arrival?  Yes  No On departure  Yes  No (Please send flight details to your Kaplan Aspect representative)  
I would also like to book the following services  Internship Placement  University Placement Service

## Payment

At this time, I wish to pay:  the enrolment fee  the full fees I am sponsored by: \_\_\_\_\_  
 I wish to pay by credit card: Card Number (Visa/Mastercard/Amex) \_\_\_\_\_  
Expiry Date \_\_\_\_\_ CCV number (last 3 digits of security code on back of card) \_\_\_\_\_  
Name and address of Cardholder \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

I enclose a cheque for the amount of \_\_\_\_\_ payable to Kaplan Aspect  
 I would like to arrange a bank transfer. Please send me transfer details.

## Declaration

I confirm that I have read and accepted Kaplan Aspect's General Terms and Conditions detailed on pages 90-91.  
I authorise any licensed hospital or physician to initiate medical treatment for myself in case of medical emergency or for my child if he/she is under 18 years of age.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian (required if student is under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to the Kaplan Aspect booking office or to your local representative.