



SPEAKEASY SCHOOL OF ENGLISH

24 CHISWICK HIGH ROAD • LONDON • W4 1TE • PHONE: 020 8995 8772 • FAX: 020 8995 7363

WWW@SPEAKEASY SCHOOL.CO.UK • INFO@SPEAKEASY SCHOOL.CO.UK

Accredited by the



APPLICATION & ENROLMENT FORM (page 1)

Surname

First name

Nationality

Sex (please circle) Male Female

Date of birth
Day Month Year

Address in London

Address in your home country

Your contact details

Tel no:

Email:

How many weeks would you like to study for?

When would you like to start your course?

Day Month Year

Which course would you like to take? (please circle)

9.30-13.30*	12.30-16.30*	15.30-17.30
9.30-12.30	12.30-15.30	17.30-19.30
* only available to General Visa Students		19.30-21.30

What is your level of English? (please circle)

Beginner	Elementary	Intermediate
Pre intermediate	Upper intermediate	Advanced

Details of your emergency contact (father, husband, brother, friend, etc)

Name:

Tel no:

ACCOMMODATION (Please complete this section if you would like us to arrange accommodation for you)

Arrival date in London
Day Month Year

What type of accommodation would you require? (please circle)

Homestay Hostel Flat share

What type of meal arrangement would you like? (please circle)

Self Catering (no meals) Breakfast only Breakfast & dinner

Any dietary requirements (please state)

How many week's accomodation do you require?

What type of room would you require? (please circle)

Single Twin

Are you a smoker? (please circle)

Yes No

Any special requests (please state)

AIRPORT/STATION TRANSFER (Please complete this section if you would require an airport/station meeting service)

Arrival date in London
Day Month Year

Time of arrival

Arrival airport/station

Flight No

Coming from



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APPLICATION & ENROLMENT FORM (page 2)

VISA APPLICATION INFORMATION (Please tick the box that applies to you)

I am from a **European** country and **do not** need to apply for a student visa

I am applying for a Tier 4 General Student Visa

I am applying for an Extended Student Visitor Visa (for courses longer than 6 months)

I am applying for a Student Visitor Visa (for courses up to 6 months)

PAYMENT DETAILS (Please complete the section that applies to you)

How would you like to pay for your course?

By Cash

By Cheque

By Card

By Bank Transfer (proof of payment must be enclosed)

Name on card

Card number

Month	Year
Expiry date	

CVV (last 3 digits on back of the card)

Barclays Bank
Hammersmith Branch
P.O. Box 738
London W6 9HY
SPEAKEASY (SCHOOL) LTD
Account: 80156469
Sort Code: 20-35-93
IBAN GB92 BARC 2035 9380 1564 69
SWIFTBIC BARCGB22

STUDENT DECLARATION

I have read, understood and agreed to the terms and conditions set by Speakeasy School of English as being binding on my part* .

Signature

Date	Month	Year

*The latest version of the terms and conditions can be found on the Speakeasy School website