Kaplan Aspect enrolment form

Kaplan Aspect representative information

Agent 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

Full address | City

Postal code | Country

Telephone (home/mobile) | E-mail

Language level | Type of visa (if applicable)

School and Course information

Start date | Number of weeks

Please mark your chosen course and location below

	Auckland	Berkeley	Boston	Bournemouth	Cambridge	Cape Town	Chicago	Christchurch	Dean College	Dublin	Edinburgh	Harvard Square	Highline	Illinois Institute of Technology	Irvine Valley	London - Covent Garden	London - Leicester Square	Los Angeles - Westwood	Malta	Miami	New York - East Village	New York - Empire State	New York - Midtown	Oxford	Perth	Philadelphia	Sacramento	San Diego	San Francisco	Santa Barbara	Seattle	Sydney	Torbay	Toronto	Vancouver	Washington DC	Whittier
Intensive English	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
General English		☐	☐	☐	☐		☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐			☐	☐	☐	☐
Vacation English	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Intensive Academic Year	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
General Academic Year		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐
Intensive Academic Semester	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
General Academic Semester		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐
TOEFL iBT		☐	☐			☐	☐		☐			☐	☐	☐	☐		☐	☐		☐	☐	☐	☐			☐	☐	☐	☐	☐	☐			☐	☐	☐	☐
IELTS Dedicated																	☐							☐	☐							☐			☐		
IELTS Supplementary	☐			☐		☐		☐		☐						☐	☐		☐					☐											☐		
Cambridge Dedicated					☐	☐			☐	☐									☐														☐				
Cambridge Intensive Dedicated	☐							☐																	☐						☐					
iSAT		☐																																		
iGMAT		☐	☐				☐					☐							☐	☐	☐					☐	☐		☐	☐	☐				☐	☐
iGRE		☐	☐				☐					☐							☐	☐	☐					☐	☐		☐	☐	☐				☐	☐
English for Business	☐			☐		☐		☐	☐						☐	☐		☐			☐	☐		☐	☐			☐	☐		☐		☐			

Other (please specify)

Accommodation

Check-in date (d/m/y) | Check-out date (d/m/y) | Room type ☐ Twin/Multi room ☐ Single Room

Accommodation type ☐ Homestay* ☐ Apartment** ☐ Residence** ☐ Hostel**

*Homestay in UK /Ireland ☐ Private Bathroom ☐ Close to school supplement London zones ☐ 1-2 ☐ 3-4

**Please specify name of residence / apartment:

Do you have any special requests (eg. allergies, special diet, no cats/dogs)? ☐ Yes ☐ No

If yes, please specify: | Do you smoke? ☐ Yes ☐ No

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

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 page 86.

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. Contact details overleaf.