



Student's name: (Complete only if this form is faxed)

- 16 Brief description of his/her character, if not already known by us.  
(Please continue on separate sheet, if necessary):

- 17 Favourite activities and sports and/or other information that may help us:

I have access to the internet      YES       NO

- 18 Can he/she swim?      YES       NO   
19 Previous longest time away from home       days  
20 Do you permit him/her to smoke at home?      YES  (\*see 27)      NO

**OPTIONS (if applicable & only if your child wants them)**

- 21 TENNIS LESSONS (6) (For BEGINNERS or NEAR-BEGINNERS only. Subject to availability)(Add £40.00 to pocket money)      YES   
22 LONDON THEATRE (Limited availability. Cost (show + travel) = approx. £50. (Add this to pocket money. Exact cost will be advised later. Choice of show will be advised later.)      YES   
CERTIFICATE (for task-based audio-visual learning scheme)      NO CHARGE

**Travel**

- 23 He/she will  
USE FREE HEATHROW COLLECTION SERVICE   
USE FREE HEATHROW RETURN SERVICE   
(Our free service applies to flights arriving at Heathrow Terminals 1, 2, 3 and 5 from 12.00-16.00 on 10 and 17 July and flights leaving Heathrow Terminals 1, 2, 3 and 5 from 09.45-13.00 on 7 and 14 August. UM tickets are excluded. We shall request flight details after we have received Course Fees.)  
BE BROUGHT TO SCHOOL BY PARENT/GUARDIAN   
BE COLLECTED FROM SCHOOL BY PARENT/GUARDIAN   
NEED SPECIAL AIRPORT COLLECTION ARRANGEMENTS \*   
NEED SPECIAL AIRPORT RETURN ARRANGEMENTS \*

\*(For students arriving at or leaving from Heathrow outside our stated dates or times, or flying on a UM ticket, or who need to be met at other Heathrow Terminals, or if arrival/departure is at Gatwick. We shall request details later.)

**Payment of course fees**

- 24 If this application is accepted, when I receive your Invoice, I shall  
SEND FULL PAYMENT OF COURSE FEES IN £ STERLING IMMEDIATELY   
SEND 50% OF THE COURSE FEES IN £ STERLING IMMEDIATELY AND THE OTHER 50% IN £ STERLING BY 15 MAY 2010 (Option unavailable after 01.04.10)   
SEND FULL PAYMENT OF COURSE FEES IN € EURO IMMEDIATELY (at the £:€ exchange rate on the date the Invoice is sent)   
SEND 50% OF THE COURSE FEES IN € EURO IMMEDIATELY (at the £:€ exchange rate on the date the first Invoice is sent) AND THE OTHER 50% IN € EURO BY 15 MAY 2010 (at the £:€ exchange rate when the second Invoice is sent on 1 May 2010) (Option unavailable after 01.04.10)   
25 I agree with the rules of the Course as set out in the brochure and 'Notes' and accept that any breach of these will constitute a breach of contract.  
26 I trust Vacational Studies to decide on the level of supervision required on trips and to permit visits and outings (if any) at its discretion.  
27 We understand that smoking or possessing any smoking material is forbidden by immediate expulsion.  
28 I understand that if for any reason not covered by our Insurance policy a student withdrawn from the Course less than fifty days before it begins, or fails to attend the Course, or leaves before it ends, no refund of Fees will be given unless a suitable replacement student accepts the place.  
29 I understand that if any Fees remain unpaid fifty days after the date of the Invoice (unless otherwise stated on the Invoice), and if any Fees remain unpaid fifty days before a Course begins, acceptance of the student will be withdrawn and the place will be considered to have been cancelled.  
30 I understand that Insurance is only as described on the Insurance 2010 information sheet. I accept the terms and agree to be bound by the conditions of the Insurance cover. I declare that my child is in good mental and physical health.  
31 I agree to my and my child's details being stored on Vacational Studies computer. They will not be passed on to any third-party.  
32 I agree that my details may be disclosed to another parent for coinciding travel. I agree that my child's details may be disclosed to other students for contact purposes. (If you wish to delete either or both sentences, contact us first).  
33 If neither the undersigned nor the person in section 8 can be reached in an emergency, I consent to medical treatment being authorised by Ian G. Mucklejohn of Vacational Studies.  
34 I agree to return the completed and signed 'Agreement and Travel Details' form by 6 June 2010.  
35 I understand that English Law applies to all aspects of Vacational Studies.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE DO NOT SEND COURSE FEES UNTIL YOU RECEIVE OUR INVOICE

Office address: Vacational Studies, Pepys' Oak, Tydehams, Newbury, Berkshire RG14 6JT, England.

Telephone: (01635) 523333 (International Code +44 1635)

Fax: (01635) 523999 (International Code +44 1635)

E-mail: [vacstuds@vacstuds.com](mailto:vacstuds@vacstuds.com)

Internet: <http://www.vacstuds.com>

Bank address: National Westminster Bank, 30 Market Place, Newbury, Berkshire RG14 5AJ, England.

For payment of Course Fees and pocket money please see the Course Fees sheet.

Note 1

A letter of recommendation may not be required if such a request might conflict with the policy of the school or government. Please state possible conflict. Ein Empfehlungsschreiben wird nicht verlangt, falls dieses Probleme mit der Schulleitung oder dem Ministerium. Bitte benennen Sie das Problem.