

# Provisional Booking Form >

## INDIVIDUAL BOOKINGS ONLY



Please complete this form and send a scanned copy to :

[xxicenturyeducation@gmail.com](mailto:xxicenturyeducation@gmail.com)

### STUDENT DETAILS:

Name of Student:	Date of Birth:	
Male or Female:	Nationality:	
Address of Student:		
Country of Residence:		
Telephone:	Fax:	
Mobile Telephone:	Email:	
Centre/Course Chosen:		
Date of Arrival:	Date of Departure:	
Number of nights:	Number of years studying English:	Level of English:
Medical information (eg asthmatic, allergies):		
Special Dietary Requirements:		
I confirm that my child can swim 25 metres: Yes <input type="checkbox"/> No <input type="checkbox"/>		
I give permission for my child to take part in the swimming activities: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Emergency contact details of parents/guardian whilst student is staying with Ardmore (must include mobile):		
Telephone:	Mobile Telephone:	
It is a condition of your booking with us that all participants are covered by a personal travel insurance policy. Please indicate by ticking one of the boxes if you would like us to arrange insurance cover: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you do not require us to arrange insurance for you, we require a copy of your insurance. I confirm I have arranged alternative personal travel insurance which provides comparable cover as that offered by Ardmore Language School. Furthermore, I absolve Ardmore Language School of all possible liabilities which may arise due to my failure to take out adequate insurance cover. I confirm I have enclosed a copy of the Insurance Policy.		
Airport/rail/coach transfer – does your child require a transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If YES please give details:		
Arrival Time:	Airport/Station:	
Date	Flight/coach:	
Departure:	Airport/Station:	
Date	Flight/coach:	
<b>DECLARATION:</b> I confirm that I have read, understood and accept the Booking Terms and Conditions and the clause relating to insurance		
Signature:	Date:	Name: