



**Leeds English
Language School**
Effective Learning

EU

Application Student Form

Accredited by the

for the teaching
of English in the UK



Better Learning Partner

Student Details

First Name _____ Surname _____

Date of Birth ___/___/____ Gender Male Female Nationality _____

First Language _____

Email _____ Mobile Number _____

Course Details

Name of Course _____

Start Date ___/___/____ End Date ___/___/____

Confirmation

Agent Name (if applicable) _____

I hereby give my permission for the above named agent to act on my behalf during my application process to study at Leeds English Language School.

Signature _____

By submitting this application form to the school you confirm that you agree to the terms and conditions and policies found on www.leedsenglish.com.

The school will only pass your details to our accommodation providers and/or taxi transfer companies (if you are booking these through the school). Your details will not be given or sold to other companies unless agreed by you. Please sign below to confirm that you understand the above information and that all information provided on the application form is correct.

Signature _____

Please attach a scan of your passport/ID card and any relevant English language certificates.

Medical Details

Do you have any special needs or learning difficulties? Yes No

Please give details

Do you have any medical issues that may affect your studies? Yes No

Please give details

Do you take regular medication? Yes No

Please give details

If you are pregnant, please indicate how many weeks _____

Do you have travel/ health insurance? Yes No

Signature _____

Please return this form to info@leedsenglish.com



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