

UK address:
(For Office use only)

Accommodation Booking Form

Accredited by the
**BRITISH
COUNCIL**
for the teaching
of English

UK telephone:
(For Office use only)

| | | | | | |
|---|----|-----|------|----|-------|
| Title: | Mr | Mrs | Miss | Ms | Other |
| Family name: | | | | | |
| First name/s: | | | | | |
| Date of birth (dd/mm/yyyy): | | | | | |
| Nationality: | | | | | |
| Passport Number: (or Travel Document Number) | | | | | |
| Email: | | | | | |
| Student Number: (For Office use only) | | | | | |

| Accommodation Information | | | | |
|--|---|-----------------------|--|------------------------|
| Arrival date | | Departure date | | Number of Weeks |
| What kind of accommodation do you require? Please tick. | <input type="checkbox"/> Homestay @ £125 per week (2 varied meals a day + laundry) <input type="checkbox"/> Private home accommodation @ £85 per week (self-catering + access to laundry facilities) | | | |

| Are there any medical problems you need to tell us about? (Please provide details. These will be kept confidential.) | | | |
|---|-----|----|-------------------------|
| | Yes | No | If yes, please specify: |
| Do you suffer from any allergies? (i.e. food, animals, other) | | | |
| Do you have any medical conditions? | | | |
| Do you have any special dietary requirements? | | | |

| Other Information |
|--|
| Do you have any other requirements for your accommodation? (We will do our best to meet these) |

Please note:

- You have the right to change your Homestay family up to three times if you wish (providing the school has accommodation available).
- If a Homestay family wishes you to leave the Homestay due to misconduct or perpetual late or insufficient payment of fees, Southampton Language College will not be under any obligation to find you alternative accommodation.

I understand and accept the Terms and Conditions. I confirm that the above details are correct.

Signature: _____

Date: _____