



CATS Cambridge
Cambridge School of Visual and Performing Arts
14 Round Church Street
Cambridge
CB5 5AD
UK
Telephone + 44 (0) 1223 314431
Facsimile + 44 (0) 1223 467773
Email admissions@catscambridge.com
www.catscambridge.com

Student Enrolment Form

Student Details:

First Names	<input type="text"/>	Family Name	<input type="text"/>
Title (Mr/Ms)	<input type="text"/>	Date of Birth	<input type="text"/>
Address		Nationality	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>
Telephone Number	<input type="text"/>	Fax number	<input type="text"/>
E-Mail Address	<input type="text"/>		
Illnesses/Health Problems	<input type="text"/>		
Allergies (including dietary)	<input type="text"/>		
Medication being taken	<input type="text"/>		

Emergency Contact Details:

First Names	<input type="text"/>	Family Name	<input type="text"/>
Title (Mr/Ms)	<input type="text"/>		
Telephone Number	<input type="text"/>	Fax number	<input type="text"/>
E-Mail Address	<input type="text"/>		

Residential Course Options:

Centre Name	<input type="text"/>		
Course Title	<input type="text"/>		
Preferred Dates	From: <input type="text"/>	To: <input type="text"/>	
Course Options (Art & Design only)	<input type="text"/>		
Room Request (room preference may not be available)	Shared <input type="checkbox"/>	Single <input type="checkbox"/>	En-Suite <input type="checkbox"/>
English Level *	Elementary <input type="checkbox"/>	Pre-Intermediate <input type="checkbox"/>	Intermediate <input type="checkbox"/>
	Upper Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	Proficient <input type="checkbox"/>

* English level will be tested on arrival. We reserve the right to place students on an alternative course should their English level prove lower than required.

Transfer required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arriving from (city) <input type="text"/>	Departing to (city) <input type="text"/>
Arrival time	<input type="text"/>	Arrival flight number	<input type="text"/>	Arrival airport <input type="text"/>
Departure time	<input type="text"/>	Departure flight number	<input type="text"/>	Departure airport <input type="text"/>

We must have your travel details, if you do not require a transfer we will need the name and contact number of the person picking you up. Minors must be accompanied by an adult, or we must accompany you to the airport (£50 is payable for assisted check-in on departure). We cannot let you leave the centre alone. Please note that transfers cost extra. We are happy to provide a quotation on request.

How did you hear about CATS Cambridge / CSVPA Summer School? (Optional information)

School (please state name):	<input type="checkbox"/>	CATS/CSVPA Website	<input type="checkbox"/>	Family / Friend	<input type="checkbox"/>
Agency (please state name):	<input type="checkbox"/>	CATS/CSVPA Summer School Brochure	<input type="checkbox"/>	Previous student at CATS / CSVPA Summer School	<input type="checkbox"/>



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Please note that all bookings are subject to the 2009 Terms and Conditions.

Payment Details:

Payments should be made to the following account by bank transfer or by completing the credit card details. We do not accept American Express. We require a non-refundable £200 deposit at the time of booking. The balance must be paid at least 1 month before the student's arrival.

Account Name	Cambridge Arts & Sciences Ltd		
Bank Account Number	59812796	Sort Code	60 04 23
Bank Address	National Westminster Bank PLC Cambridge Market Street Branch 23 Market Street Cambridge CB2 3PA, England		
IBAN Number	GB42NWBK60042359812796		
Swift/BIC Code	NWBKGB2L		
Card Type	Mastercard <input type="checkbox"/>	VISA <input type="checkbox"/>	Switch/Maestro <input type="checkbox"/>
Start Date	<input type="text"/>	Expiry Date	<input type="text"/>
Name as printed on the card	<input type="text"/>		
Card Holder's Address	<input type="text"/>		
Post Code	<input type="text"/>	Country	<input type="text"/>

Consent to attend the course: (Parent/Guardian must sign below if the student is under the age of 18)

I accept the terms and conditions as provided by Stafford House Study Holidays and enclose payment details /proof of my bank transfer.

Student Signature	<input type="text"/>	Parent/Guardian Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>