



London Day Courses

Booking Form 2023

We recommend you book online at:
www.discoverysummer.co.uk/booknow
Alternatively, complete and send this form to Discovery Summer



Please email a recent photo to:
photo@discoverysummer.co.uk
or attach one here

STUDENT DETAILS - Please write clearly in CAPITALS

Family name _____ Date of birth

day	month	year

 Age _____

First name _____ Male/Female/Other _____
(and English name if different)

Postal address _____ Mobile _____

_____ Nationality _____

_____ First language _____

_____ Second language (if high level) _____

Has the student studied with Discovery Summer before? Yes No

How did you hear about Discovery Summer? Family/friend Internet Social Media Representative Name.....

What is the student's level of English? Beginner Elementary Intermediate Advanced

Does the student attend an English-medium International School? Yes No

Has the student passed any formal examinations (e.g. Trinity, Cambridge)? Yes No

PASSPORT DETAILS (Only complete if a visa is required for UK entry)

Passport Number _____ Start Date _____ Expiry Date _____

Please email personal details page from passport with this booking to info@discoverysummer.co.uk

HEALTH DETAILS

We accept students on the assumption they arrive in good health.

Does the student suffer from any allergy/disability/illness or any medical condition requiring treatment? Yes No

Is the student on any medication? Yes No

Does the student have any special dietary requirements? Yes No

If 'Yes' to any of the above, please provide details.

Once your booking has been confirmed you will be sent a full **Medical and Consent form** to complete and return before start of the course.

DETAILS OF PERSON MAKING THE BOOKING

Full Name _____ Postal address _____
(if different from student's)

Relationship to student _____
(e.g. mother/father)

Email _____ Mobile _____

We send confirmation documents by email. Would you also like them sent by post?

ADDITIONAL EMERGENCY CONTACT DETAILS

Please provide details of an English-speaking family member/friend who can be contacted in case of emergency.

Full Name _____ Mobile _____

Relationship to student _____ Email _____
(e.g. parent/guardian)

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Family discounts: if two or more members of one family book together we offer a 5% discount on course fees only for each booking.

If eligible, please give name of family member who is studying with us: _____


LONDON - COLLINGHAM								
Course	Ages	Hours' tuition/week		Times (Mon - Fri)		Max. class size	Fees/week	
Adults	18+	15		09:00 - 12:30 OR 13:30 - 17:00		10	£475	
Juniors + Teens	5*-17	15		09:00 - 12:30 OR 13:30 - 17:00		12	£425	
Teens	13 - 17	15 + afternoon activities		09:00 - 17:00		12	£850	
* 5-6 year olds are only accepted if parent/guardian is studying with us or stays in the school until their child is settled.								
Please choose ✓:		Adults <input type="checkbox"/>		Juniors <input type="checkbox"/>		Teens <input type="checkbox"/>		
		Morning classes <input type="checkbox"/>		Afternoon classes <input type="checkbox"/>		Full Day (Teens only) <input type="checkbox"/>		
Please choose ✓ weeks required:		26 June - 30 June <input type="checkbox"/>	3 - 7 July <input type="checkbox"/>	10 - 14 July <input type="checkbox"/>	17 - 21 July <input type="checkbox"/>	24 - 28 July <input type="checkbox"/>	31 July - 4 Aug <input type="checkbox"/>	Total fee £
1:1 classes: £70 per hour (offered in the afternoons only, subject to availability). Please contact us for further information.								

LONDON - MARYMOUNT								
Course	Ages	Hours' tuition/week		Times (Mon - Fri)		Max. class size	Fees/week	
Juniors	8 - 13	20 + sports/activities		08:30 pick-up - 18:00 drop-off near Gloucester Road, Kensington		12	£975	
Please choose ✓ weeks required:		-	3 - 7 July** <input type="checkbox"/>	10 - 14 July <input type="checkbox"/>	17 - 21 July** <input type="checkbox"/>	24 - 28 July <input type="checkbox"/>	31 July - 4 Aug <input type="checkbox"/>	Total fee £

Optional Extra Charges

	Fees
**Trinity Exam in Spoken English - £120 Marymount only (see website for exact dates exams are held)	£
Courier fee - for original certificate of enrolment for visa application - £50	£
Total	£

What happens next:

1	You send us the booking form. We confirm availability. (If the selected course and dates are not available, alternative options will be offered).
2	<p>Payment You choose to pay either:</p> <p>Non-refundable deposit of £100 <input type="checkbox"/> or Full payment <input type="checkbox"/></p> <p>We send you an invoice with a link to Flywire where you can make your payment. Flywire, a secure online payment system, allows you to pay using a wide choice of payment methods (e.g. credit/debit card or bank transfer), in your own currency or in Sterling GBP.</p> 
3	<p>On receipt of your payment, Discovery Summer will send:</p> <ul style="list-style-type: none"> • Confirmation letter • Invoice for balance due • Medical and Consent form • Certificate of enrolment (if required for visa purposes) • Joining instructions
4	You complete the Medical and Consent form as soon as possible - no less than 10 days before the start of the course.
5	You arrange for full balance of fees to be paid at least 6 weeks before the start of the course.
6	We email you a link to an online placement test 1-2 weeks before the start of the course.

Agreement

1 I confirm that all information provided on this form is correct.

2 I have read the published material on the course and the Terms & Conditions including cancellation terms www.discoverysummer.co.uk/termsandconditions

3 I understand Discovery Summer reserves the right to amend programmes in light of any changes to Covid-19 government guidelines.

4 I have read the Privacy Policy www.discoverysummer.co.uk/privacy-policy.

5 The student agrees to abide by the Discovery Summer Rules of Conduct www.discoverysummer.co.uk/termsandconditions

6 I understand that the **Medical and Consent form** must be completed as part of the booking process.

7 I give permission for Discovery Summer staff, in an emergency, to follow the advice of attending qualified medical staff and to authorise medical treatment (e.g. X Ray and/or anaesthetic) for the student, if under 18 years. Yes No

8 I confirm that Discovery Summer may send me occasional newsletters and any special offers by post Yes No
or email Yes No

Signature of parent/guardian **Date**...../...../20.....
(if student is under 18 years)

Full name: **Relationship to student:**