

Young Learners Booking Form



Personal Details

Full Name (As shown on passport)

Address (Home):

Address (Visiting country - tuition & day camp only):

Telephone:

Date of Birth:

Nationality:

Passport Number:

Passport Expiry Date:

Email:

Gender:

Native Language:

Country Of Issue:

Parent/Guardian Details

Full Name (As shown on passport)

Telephone:

Email:

Emergency Details

Full Name (As shown on passport)

Telephone:

Email:

School Details

School Location:

Academic Add-ons:

Programme:

Start Date:

Leisure Add-ons:

Number of Weeks:

Additional Information

Medical Conditions:

Special Assistance:

Dietary Requirements:

Medical Insurance:

Does the parent/guardian speak English:

Other Language:

Airport Transfer

Transfer Required:

Type of Transfer: (Option 1)

Type of Transfer: (Option 2 if needed)

Arrival Airport and Flight Number:

Arrival Date and Time:

Departure Airport & Flight Number:

Departure Date & Time:

Other:

Declaration and Signature

I have read and agree with the English Path Policies, which can be found on the English Path website [here](#), and accepted the English Path terms and conditions. Your personal Data will be used only for the purposes of facilitating your course, in line with GDPR requirements.

CONTACT US:
younglearners@englishpath.com

Young Learners

Parental/Guardian Consent

I give consent for my son/daughter to travel to English Path Locations and study at English Path.

Yes No

I agree that my son/daughter can travel unaccompanied to/from the school and their accommodation.

Yes No

I agree to my son/daughter staying in the accommodation provided by English Path.

Yes No

My son/daughter understands that s/he must follow the rules at school and in their accommodation.

Yes No

I understand my son/daughter must follow set curfew times. (10pm)

Yes No

I consent to my son/daughter joining supervised trips/ activities.

Yes No

I agree that my son/daughter is not allowed to use ATV, Jet Ski, Zip Line, Bungee Jumping, Para Sailing or any other sports deemed dangerous by English Path staff whilst they are on any English Path programme.

Yes No

I consent to my son/daughter being unsupervised in between classes/activities, during meals and before curfew.

Yes No

Declaration and Signature

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Full Name (Parent/Guardian) (As shown on passport)

Students Full Name (As shown on passport)

Thank you for choosing English Path for your English course.

Our main priority is making sure that our students are happy and safe while studying with us.

We are committed to keeping all the information provided secure and will not share the information with anyone unless they are involved in caring for your child.

This information will only be shared on a need-to-know basis during the time the student is enrolled on one of our courses and this may include healthcare and welfare professionals.

I understand a return transfer must be booked with the course (unless a parent/guardian can drop off and pick up the student before and after the course).

Yes No

In case of an emergency, I give permission for any medical treatment to be given to my son/daughter as advised by a professional.

Yes No

I understand that EP provides insurance for all programmes, except for Dubai, Day Camp or Tuition anywhere. I understand I need to get private insurance, which is mandatory when my son/daughter travels to Dubai or joins a Day Camp or Tuition programme. I must provide proof of this insurance prior to arrival.

Yes No

I understand students are expected to attend 100% of their lessons and activities.

Yes No

I understand the school may take photographs or video clips of students during class or leisure activities and that these images may be used in the school's publicity or on its social media accounts.

Yes No