



SOUTHPORT INTERNATIONAL

10 FOREST ROAD, SOUTHPORT

PR8 6ST

(0)044 1704 501327

e-mail southportinternational@blueyonder.co.uk

STUDENT DETAILS

FIRST NAME(S)

LAST NAME(S)

NATIONALITY

MALE

FEMALE

DATE OF BIRTH

DAY

MONTH

YEAR

AGE

HOME ADDRESS (in own country)

TELEPHONE NUMBER

CONTACT NAME

CONTACT TELEPHONE NUMBER

DATES OF COURSE: FROM TO NUMBER OF NIGHTS

Grid for FROM date

Grid for TO date

Grid for NUMBER OF NIGHTS

DETAILS OF ANY ALLERGIES / MEDICAL PROBLEMS, e.g. ENURESIS, DIABETIC, etc.

DIETARY NEEDS (E.G. VEGETARIAN)

SPECIAL REQUESTS (SHARE WITH FRIEND, SHARE WITH OTHER NATIONALITY, ETC.)

DO YOU SMOKE? YES NO

WOULD YOU BE PREPARED NOT TO SMOKE IN THE HOST FAMILIES HOME? YES NO

LEVEL OF ENGLISH - SPOKEN VERY GOOD GOOD AVERAGE WEAK

LEVEL OF ENGLISH - WRITTEN VERY GOOD GOOD AVERAGE WEAK

NUMBER OF YEARS STUDYING ENGLISH

TRANSFER FROM AIRPORT.....REQUIRED.....(PRICE ON APPLICATION)

Please sign..... Date..... (If under 18 parent or guardian)

NB 2 PHOTOS WILL BE REQUIRED- MAY BE SENT SEPARATELY