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**ENROLMENT FORM**

HOW TO ENROL: Please complete this form and send it together with TWO passport photographs to our agent in your area or directly to the academy.

**Personal enrolment form**

(Please print all answers below)

Name: Mr/Mrs/Miss..... First Name:.....  
 Address:..... CAP :.....  
 City:..... Country:.....  
 Telephone Number: Home..... Mother Tongue:.....  
 Nationality:..... E-mail:.....  
 Date of Birth:..... Mobile:.....

**Course Details**

Course commencement date..... Course termination date.....  
 Choice of Course..... Number of Weeks.....  
 How many years have you been studying English? Years.....Months.....  
 Level of English: Beginner ( ) Elementary ( ) Intermediate ( ) Advanced ( ) Please tick

**Accommodation Details**

Single Room : ( ) Double Room : ( )  
 Do you have any medical conditions for which you are taking medication?.....  
 Do you smoke?..... Do you like animals?.....  
 Do you have any dietary requirements?.....  
 Will you have a vehicle whilst in England?..... Do you have any allergies?.....  
 Arrival date.....Departure date.....

Before signing this enrolment form I confirm I have read the prospectus and agree to abide by the rules of the Westbourne Academy. You should be aware that information about your enrolment, attendance and progress at this establishment may be passed to the Immigration and Nationality Directorate of the Home Office for purposes connected with Immigration

SIGNATURE..... Date.....  
 (Parent or Guardian if student under 18 years old)

First Extension from.....to..... Signed.....  
 Second Extension from.....to..... Signed.....

**OFFICE USE ONLY**

Student Number..... Class/Level.....  
 Family Name/Number..... First Change.....  
 Family Telephone..... Second Change.....

