

Adult Student Enrolment Form



PERSONAL DETAILS

Surname: _____

Name: _____ ☐ Male / ☐ Female

Tel.: _____

Passport Number: _____ Nationality: _____

Do you need entry visa into Malta: ☐ Yes / ☐ No

Issue Date: ____ / ____ / ____ Expiry Date: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

Home Address: _____

City: _____

Postal Code: _____ Country: _____

E-mail: _____

Contact Tel.: _____

In Case of Emergency Contacts:

1. Name: _____

Surname: _____

Tel.: _____

E-mail: _____

2. Name: _____

Surname: _____

Tel.: _____

E-mail: _____

Name of Agency (if applicable): _____

TRAVEL DETAILS

Departure Airport: _____

Arrival Date: _____ Flight No.: _____

Time of Arrival: _____

Departure Date: _____ Flight No.: _____

Time of Departure: _____

Airport Transfer: (if yes please ensure flight times are correct)

☐ Yes / ☐ No ☐ On Arrival / ☐ Departure / ☐ Both

Would you like ESE to book a flight for you? ☐ Yes / ☐ No

Would you like Travel Insurance: ☐ Yes / ☐ No

MEDICAL INFORMATION (if applicable)

Do you have any medical or psychological conditions, allergies or diet restrictions? ☐ Yes / ☐ No

If yes, please provide medical details and specify any particular requirements (whether to do with nutrition or medication).

COURSE DETAILS

Start Date: _____ End Date: _____

☐ General English (please specify course) ☐ 20 / ☐ 30

☐ General English Long Term (8 weeks+)

☐ Intensive (General English + Private Lessons)

☐ Semi-Intensive (Min. 2 persons)

☐ Private Tuition (Student Profile Form to be filled in)

(please specify number of lessons/week) ☐ 10 / ☐ 20 / ☐ 30 / ☐ 40

☐ Semi Private Tuition (Min. 2 persons per course)

(please specify number of lessons/week) ☐ 10 / ☐ 20 / ☐ 30 / ☐ 40

☐ Miniclass Course ☐ 20 / ☐ 30

☐ English for Work

☐ Academic Year (please specify) ☐ 12 / ☐ 24 / ☐ 30 / ☐ 36 weeks

☐ Business English

☐ Business English Intensive

☐ 50+ Packages

☐ English for Specific Purposes

☐ Young Adults

☐ TOEFL iBT (Min. 4 weeks) ☐ TOEIC (Min. 4 weeks)

☐ IELTS (Min. 4 weeks)

☐ Cambridge (specify level) ☐ KET ☐ PET ☐ FCE ☐ CAE ☐ CPE

Diving ☐ Open Water Padi (2 weeks) / ☐ Advanced Padi (1 week)

Sailing ☐ Level 1 / ☐ Level 2

☐ Family Pack

RESIDENCE/APARTMENT/HOTEL ACCOMMODATION DETAILS (if applicable)

Name of Residence/Apartments/Hotel: _____

Type of Room: ☐ Single / ☐ Sharing

Meal Basis: ☐ SC ☐ BB ☐ HB

SC (Self-catering) BB (Breakfast only) HB (Breakfast & Dinner)

HOST FAMILY ACCOMMODATION DETAILS (if applicable)

Executive Family (available at an extra charge): ☐ Yes / ☐ No

Meal Basis: ☐ HB (Breakfast & Dinner)

Type of Room: ☐ Single / ☐ Sharing

Host Family with Young Children? ☐ Yes / ☐ No

Host Family with Pets? ☐ Yes / ☐ No

Are you a: ☐ Vegetarian / ☐ Smoker

Do you require a Special / Vegetarian Diet? (Explain) ☐ Yes / ☐ No

I have read and agree to ESE terms and Conditions as stated at: www.e-se-edu.com

Signature: _____

Date: _____

Thank you for confirming your booking with ESE. ESE fully complies with the General Data Protection Regulation (GDPR). We value your privacy and will only use the personal information that you provide in accordance with the GDPR. By submitting this form, you acknowledge that ESE will have access to your personal data as submitted by you. If you would like us to keep your data for marketing purposes and receive our news in the future please tick here: ☐