

Teen & Junior Student Enrolment Form



PERSONAL DETAILS

Surname:

Name: Male / Female

Tel.:

Surname of Parent/Guardian:

Name of Parent/Guardian:

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:

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

Would you like Travel Insurance: Yes / No

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:

COURSE DETAILS

Start Date: End Date:

General English (please specify course) 20 / 30

Intensive (General English + Private Lessons)

Semi-Intensive (Min. 2 persons)

Private Tuition (please specify no. of lessons/week) 10 / 20

Semi Private Tuition (Min. 2 persons per course)
(please specify no. of lessons/week) 10 / 20

Diving (please specify course)

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

Sailing (please specify course) Level 1 / Level 2

Junior Camp (11-13)

Teen Club (14-17)

Young Adults (17-19)

English plus Tennis (10-17)

Family Pack

Day Programme

RESIDENCE/HOST FAMILY/HOTEL ACCOMMODATION DETAILS (if applicable)

Name of Residence: Host Family (13-19 years)

Salini Resort (10-17 years)

Young Adult Residence (Number 1 Hotel) (17-19 years)

Do you require a Special / Vegetarian Diet? Yes / No

(If yes, please explain)

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).

During your child's stay at ESE there may be photo/video opportunities which may be used for promotional purposes including brochures, website and social media.

*Please tick the box if you would not like your child to participate.

EU Data Protection laws are respected at all times.

I have read and agree to ESE Terms and Conditions as stated at: www.ese-edu.com

Signature(s) of Parent(s)/Guardian:

Date: