

## Booking Form 2025

We recommend you book online at:  
**[www.discoverysummer.co.uk/booknow](http://www.discoverysummer.co.uk/booknow)**  
Alternatively, complete and send this form to Discovery Summer



Please email  
a recent  
portrait  
photo to:  
[photo@discoverysummer.co.uk](mailto:photo@discoverysummer.co.uk)  
or attach one here

### STUDENT DETAILS - Please write clearly in CAPITALS

Family name	Date of birth	Age						
First name (and English name if different)	<table border="1"> <tr> <td>day</td> <td>month</td> <td>year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	day	month	year				
day	month	year						
Postal address	Male/Female/Other							
	Student Mobile							
	Nationality							
	First language							
	Second language (if high level)							
Has the student studied with Discovery Summer before? Yes <input type="checkbox"/> No <input type="checkbox"/>								
How did you hear about Discovery Summer? Family/friend <input type="checkbox"/> Internet <input type="checkbox"/> Social Media <input type="checkbox"/> Representative <input type="checkbox"/> Name.....								
What is the student's level of English? Beginner <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>								
Does the student attend an English-medium International School? Yes <input type="checkbox"/> No <input type="checkbox"/>								
Has the student passed any formal examinations (e.g. Trinity, Cambridge)? Yes <input type="checkbox"/> No <input type="checkbox"/>								

### PASSPORT DETAILS (Only complete if a visa is required for UK entry)

Passport Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

### MEDICAL, DIETARY AND WELFARE DETAILS

We accept students on the assumption they arrive in good health. Please contact us if you would like to discuss the student's needs.  
Once your booking has been confirmed you will be sent a **Medical and Consent form**.

Does the student have any special dietary requirements? Yes ☐ No ☐

Does the student suffer from any allergy/disability/illness or any medical condition requiring treatment? Yes ☐ No ☐

Does the student have any mental health conditions e.g. anxiety, depression, eating disorder, hyperactivity? Yes ☐ No ☐

Does the student have any special educational needs? Yes ☐ No ☐

If 'Yes' to any of the above, please provide details: .

### PARENT / GUARDIAN CONTACT DETAILS

Parent/Guardian 1: Full Name	Parent/Guardian 2: Full Name
Relationship to student (e.g. mother/father)	Relationship to student (e.g. mother/father)
Email	Email
Mobile	Mobile
Level of English? No English <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	Level of English? No English <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>

### ADDITIONAL EMERGENCY CONTACT DETAILS

Please provide details of an English-speaking family member/friend who can be contacted in case of emergency.

Full Name	Mobile
Relationship to student (e.g. parent/guardian)	Email

# Booking Form 2025 - London Day Courses

**Family discounts:** if two or more members of one family book together we offer a 5% discount on course fees only for each booking.

If eligible, please give name of family member who is studying with us: \_\_\_\_\_

LONDON - COLLINGHAM								
Course	Ages	Hours' tuition /week			Times (Mon - Fri)		Max. class size	Fees/week
Adults	18+	15			09:00 - 12:30 OR 13:30 - 17:00		10	£495
Juniors + Teens	5 *- 17	15			09:00 - 12:30 OR 13:30 - 17:00		12	£460
Juniors + Teens	8 - 17	15 + afternoon activities			09:00 - 17:00		12	£880
* 5-6 year olds are only accepted if parent/guardian is studying with us or stays in the school until their child is settled.								
Please choose ✓:		Adults <input type="checkbox"/> Juniors <input type="checkbox"/> Teens <input type="checkbox"/>						
		Morning classes <input type="checkbox"/> Afternoon classes <input type="checkbox"/> Full Day (8 - 17 only) <input type="checkbox"/>						
Please choose ✓ weeks required:		23 June - 27 June <input type="checkbox"/>	30 June - 4 July <input type="checkbox"/>	7 - 11 July <input type="checkbox"/>	14 - 18 July <input type="checkbox"/>	21 - 25 July <input type="checkbox"/>	28 July - 1 Aug <input type="checkbox"/>	4 - 8 Aug <input type="checkbox"/>
		Total fee £						
1:1 classes: £70 per hour (offered in the afternoons only, subject to availability). Please contact us for further information.								

## What happens next:

1	You send us the booking form. We confirm availability. (If the selected course and dates are not available, alternative options will be offered).
2	<b>Payment</b> You choose to pay either: <b>Non-refundable deposit of £100</b> <input type="checkbox"/> or <b>Full payment</b> <input type="checkbox"/> We send you an invoice with a link to Flywire where you can make your payment. Flywire, a secure online payment system, allows you to pay using a wide choice of payment methods (e.g. credit/debit card or bank transfer), in your own currency or in Sterling GBP. 
3	On receipt of your payment, Discovery Summer will send: <ul style="list-style-type: none"> <li>• <b>Confirmation letter</b></li> <li>• <b>Invoice for balance due</b></li> <li>• <b>Medical and Consent form</b></li> <li>• <b>Certificate of enrolment</b> (if required for visa purposes)</li> <li>• <b>Joining instructions</b></li> </ul>
4	You complete the <b>Medical and Consent form</b> as soon as possible - <b>at least 6 weeks</b> before the start of the course.
5	You arrange for full balance of fees to be paid <b>at least 6 weeks</b> before the start of the course.
6	We email you a link to an online placement test 1-2 weeks before the start of the course.

## Agreement

- 1 I confirm that all information provided on this form is correct.
- 2 I have read the published material on the course and the Terms & Conditions including cancellation terms [www.discoverysummer.co.uk/termsandconditions](http://www.discoverysummer.co.uk/termsandconditions)
- 3 I have read the Privacy Policy [www.discoverysummer.co.uk/privacy-policy](http://www.discoverysummer.co.uk/privacy-policy).
- 4 The student agrees to abide by the Discovery Summer Rules of Conduct [www.discoverysummer.co.uk/termsandconditions](http://www.discoverysummer.co.uk/termsandconditions)
- 5 I understand that the **Medical and Consent form** must be completed **at least 6 weeks** before the start of the course.
- 6 I confirm that Discovery Summer may email me occasional newsletters and any special offers Yes ☐ No ☐

Signature of parent/guardian .....  
(if student is under 18 years)

Date...../...../20.....

Full name: .....

Relationship to student: .....



E: [info@discoverysummer.co.uk](mailto:info@discoverysummer.co.uk) or T: +44 20 7937 1199, F: +44 20 7937 3344

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