

**Please complete Registration Form**

**Parent's/Guardian's Contact Information :**

Title	First Name	Surname/ Family Name
Domestic Status	Occupation	Religion
Adress		City & Country
Post Code	Email Address	
Home Telephone	Mobile Telephone	Additional Contact no.

**Student Information**

Fisrt Name(s)		Surname/Family Name
Date of Birth / Age	Nationality	Religion
Passport or ID Number	Date of Issue	Date of Expiry
Mobile Telephone	Email address	
Medical Condition(s)/Medicines		
Allergies		
Religious/Dietary Requirements		
Blood Group		

### Student Information ( x = Yes !)

Is the Student allowed to Smoke (not permitted in UK under age 16) ?
Is the Student allowed to drink Alcohol (not permitted in UK under age 18) ?
Is the Student permitted to be out, alone, in the evenings until 9 pm ?
Has the Student visited UK before ?

### English Language Assessment (x)

Elementary ?
Lower/Per-Intermediate ?
Intermediate ?
Upper-Intermediate ?
Advanced ?
Business ?

We are not responsible for any loss or damage to all or any, personal items (which includes electrical or electronic items)

### Declarations

1. Protection of Minors : Our partner is legally-bound by all existing legislation covering the Protection of Children and will comply with all changes, hereinafter.

Accordingly, the following people are not permitted to have any contact with Children :

- \* Anyone who has had a child removed from his, or her, care by an Order of the Court
- \* Anyone who has been convicted of an offence against a Child
- \* Anyone who has Parental Rights over a Child that has been removed by a Local Authority.
- \* Anyone who has an Order made against them or Cancelled Registration with respect to the Child Minders Registration Act, or Children's Act, as precised above.

2. Medical Diagnosis and Treatment : I authorised the partner , or the Host Tutor to act in the Student's best interests in any emergency, or other medical matter, in seeking appropriate medical or dental treatment ; the costs of which to be solely borne by the Parent or Guardian.

Release : Being a parent or legal guardian of the applicant, I declare that the above information is correct and that nothing important has been omitted. I hereby authorize Nasser ROHMER-BOUFRIOUA, EVAL Voyages and her representatives to make any decision concerning medical, dental or surgical treatment required by the applicant during the stay, if the parent or legal guardian cannot be contacted.

Father.....Mother.....Guardian.....

Address.....

Tel: .....

Signature.....

<sup>1</sup> **E.V.A.L. Voyages**

Du Lundi au Samedi de 9h30 à 12h00 et de 13h30 à 18h00(2)  
Tél : 03 88 85 74 29 ou 09 67 07 22 26 ou [contact@eval-voyages.com](mailto:contact@eval-voyages.com)

RCS Colmar TI520921032 Code APE 7912Z SARL capital social 8000€  
EVAL Voyages a souscrit sa garantie financière auprès de l'A.P.S.T  
et bénéficie ainsi de la garantie totale des fonds déposés par les clients et usagers.

**Please tell us a little about yourself.**

What are your Interests / Hobbies ? :
Why do you want to come to UK and are you studying for any English exams ? :

**Please may we have a recent photograph of the Student ?**

Signature.....

Regards  
EVAL Voyages  
Agence de voyages séjours jeunes de 7 à 25 ans  
Agence de voyages séjours et voyages Scolaires

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