



Junior Group Registration Form

Fill in the form and return it to
Level 18 Sahab Tower, Salhia, Kuwait, P.O.Box 626 Dasman 15457 Kuwait | Tel: +965 222 73767
(OR) to jnior@lcollegeuk.com

REGISTRATION

Individually With an Agent (Get 2% discount) Agent Code:

LOCATION

Enter Your Location:

PERSONAL DETAILS (Student 1)

Gender: Male Female

Nationality:

First Name:

Surname:

Date of Birth:

Religion:

Passport No.:

Address:

Postcode:

Town:

Country:

Telephone:

Mobile:

Email:

I want to join LCollegeUK mailing list

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced Not Tested Yet

Health Notes:

PERSONAL DETAILS (Student 2)

Gender: Male Female

Nationality:

First Name:

Surname:

Date of Birth:

Religion:

Passport No.:

Address:

Postcode:

Town:

Country:

Telephone:

Mobile:

Email:

I want to join LCollegeUK mailing list

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced Not Tested Yet

Health Notes:

PERSONAL DETAILS (Student 3)

Gender: Male Female

Nationality:

First Name:

Surname:

Date of Birth:

Religion:

Passport No.:

Address:

Postcode:

Town:

Country:

Telephone:

Mobile:

Email:

I want to join LCollegeUK mailing list

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced Not Tested Yet

Health Notes:

PERSONAL DETAILS (Student 4)

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:				
First Name:		Surname:				
Date of Birth:		Religion:				
Passport No.:						
Address:		Postcode:				
Town:		Country:				
Telephone:		Mobile:				
Email:	<input type="checkbox"/> I want to join LCollegeUK mailing list					
Level of English:						
<input type="checkbox"/> Beginner	<input type="checkbox"/> Elementary	<input type="checkbox"/> Pre-Intermediate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Upper Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not Tested Yet
Health Notes:						

PERSONAL DETAILS (Student 5)

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:				
First Name:		Surname:				
Date of Birth:		Religion:				
Passport No.:						
Address:		Postcode:				
Town:		Country:				
Telephone:		Mobile:				
Email:	<input type="checkbox"/> I want to join LCollegeUK mailing list					
Level of English:						
<input type="checkbox"/> Beginner	<input type="checkbox"/> Elementary	<input type="checkbox"/> Pre-Intermediate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Upper Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not Tested Yet
Health Notes:						

PERSONAL DETAILS (Student 6)

Gender: Male Female

Nationality:

First Name:

Surname:

Date of Birth:

Religion:

Passport No.:

Address:

Postcode:

Town:

Country:

Telephone:

Mobile:

Email:

I want to join LCollegeUK mailing list

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced Not Tested Yet

Health Notes:

PERSONAL DETAILS (Student 7)

Gender: Male Female

Nationality:

First Name:

Surname:

Date of Birth:

Religion:

Passport No.:

Address:

Postcode:

Town:

Country:

Telephone:

Mobile:

Email:

I want to join LCollegeUK mailing list

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced Not Tested Yet

Health Notes:

PERSONAL DETAILS (Student 8)

Gender: Male Female

Nationality:

First Name:

Surname:

Date of Birth:

Religion:

Passport No.:

Address:

Postcode:

Town:

Country:

Telephone:

Mobile:

Email:

I want to join LCollegeUK mailing list

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced Not Tested Yet

Health Notes:

PERSONAL DETAILS (Student 9)

Gender: Male Female

Nationality:

First Name:

Surname:

Date of Birth:

Religion:

Passport No.:

Address:

Postcode:

Town:

Country:

Telephone:

Mobile:

Email:

I want to join LCollegeUK mailing list

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced Not Tested Yet

Health Notes:

PERSONAL DETAILS (Student 10)

Gender:	Male	Female	Nationality:			
First Name:			Surname:			
Date of Birth:			Religion:			
Passport No.:						
Address:			Postcode:			
Town:			Country:			
Telephone:			Mobile:			
Email:			I want to join LCollegeUK mailing list			
Level of English:						
Beginner	Elementary	Pre-Intermediate	Intermediate	Upper Intermediate	Advanced	Not Tested Yet
Health Notes:						

PERSONAL DETAILS (Student 11)

Gender:	Male	Female	Nationality:			
First Name:			Surname:			
Date of Birth:			Religion:			
Passport No.:						
Address:			Postcode:			
Town:			Country:			
Telephone:			Mobile:			
Email:			I want to join LCollegeUK mailing list			
Level of English:						
Beginner	Elementary	Pre-Intermediate	Intermediate	Upper Intermediate	Advanced	Not Tested Yet
Health Notes:						

PERSONAL DETAILS (Student 12)

Gender:	Male	Female	Nationality:			
First Name:			Surname:			
Date of Birth:			Religion:			
Passport No.:						
Address:			Postcode:			
Town:			Country:			
Telephone:			Mobile:			
Email:	I want to join LCollegeUK mailing list					
Level of English:						
Beginner	Elementary	Pre-Intermediate	Intermediate	Upper Intermediate	Advanced	Not Tested Yet
Health Notes:						

PERSONAL DETAILS (Student 13)

Gender:	Male	Female	Nationality:			
First Name:			Surname:			
Date of Birth:			Religion:			
Passport No.:						
Address:			Postcode:			
Town:			Country:			
Telephone:			Mobile:			
Email:	I want to join LCollegeUK mailing list					
Level of English:						
Beginner	Elementary	Pre-Intermediate	Intermediate	Upper Intermediate	Advanced	Not Tested Yet
Health Notes:						

PERSONAL DETAILS (Student 14)

Gender:	Male	Female	Nationality:			
First Name:			Surname:			
Date of Birth:			Religion:			
Passport No.:						
Address:			Postcode:			
Town:			Country:			
Telephone:			Mobile:			
Email:			I want to join LCollegeUK mailing list			
Level of English:						
Beginner	Elementary	Pre-Intermediate	Intermediate	Upper Intermediate	Advanced	Not Tested Yet
Health Notes:						

PERSONAL DETAILS (Student 15)

Gender:	Male	Female	Nationality:			
First Name:			Surname:			
Date of Birth:			Religion:			
Passport No.:						
Address:			Postcode:			
Town:			Country:			
Telephone:			Mobile:			
Email:			I want to join LCollegeUK mailing list			
Level of English:						
Beginner	Elementary	Pre-Intermediate	Intermediate	Upper Intermediate	Advanced	Not Tested Yet
Health Notes:						

PERSONAL DETAILS (Student 16)

Gender: Male Female

Nationality:

First Name:

Surname:

Date of Birth:

Religion:

Passport No.:

Address:

Postcode:

Town:

Country:

Telephone:

Mobile:

Email:

I want to join LCollegeUK mailing list

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced Not Tested Yet

Health Notes:

PERSONAL DETAILS (Student 17)

Gender: Male Female

Nationality:

First Name:

Surname:

Date of Birth:

Religion:

Passport No.:

Address:

Postcode:

Town:

Country:

Telephone:

Mobile:

Email:

I want to join LCollegeUK mailing list

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced Not Tested Yet

Health Notes:

PERSONAL DETAILS (Student 18)

Gender: Male Female

Nationality:

First Name:

Surname:

Date of Birth:

Religion:

Passport No.:

Address:

Postcode:

Town:

Country:

Telephone:

Mobile:

Email:

I want to join LCollegeUK mailing list

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced Not Tested Yet

Health Notes:

PERSONAL DETAILS (Student 19)

Gender: Male Female

Nationality:

First Name:

Surname:

Date of Birth:

Religion:

Passport No.:

Address:

Postcode:

Town:

Country:

Telephone:

Mobile:

Email:

I want to join LCollegeUK mailing list

Level of English:

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced Not Tested Yet

Health Notes:

PERSONAL DETAILS (Student 20)

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:					
First Name:		Surname:					
Date of Birth:		Religion:					
Passport No.:							
Address:		Postcode:					
Town:		Country:					
Telephone:		Mobile:					
Email:	<input type="checkbox"/> I want to join LCollegeUK mailing list						
Level of English:							
	<input type="checkbox"/> Beginner	<input type="checkbox"/> Elementary	<input type="checkbox"/> Pre-Intermediate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Upper Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not Tested Yet
Health Notes:							

COURSE DETAILS

Start Date:	End Date:
No. of week:	
Exam Required:	
Other Requests:	

TRANSFER

(Airport transfer details required at least 2 weeks prior to arrival)

Do you require transfer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Arrival	Departure
Airport:			

DECLARATION

I have read and agree to the terms and conditions on the attached tariff sheet.

Signature

Signature of Parent if under 18

Date

Please submit the form to junior@collegeuk.com. If you are registered with an agent, a receipt of down payment will be sent in 24 hours.