



Enrolment Form

Send to: Gisborne English Language School

P O Box 775, 82 Grey Street.

Gisborne 4040 New Zealand

Email: info@englishgisborne.org.nz

fax: 0064 06 8674888

Family Name:

First Names:

Address in home country:

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Tel No: Fax No:

Cell Ph Email:

Address in NZ (If any):

Tel No: Fax No:

Cell Ph Email:

Date of Birth: Day / Month / Year

Gender: Male Female Nationality:

Passport Expiry Date:

Contact details of parent/guardian or relative (for emergency):

Name

Address

.....

Phone Cell Ph

Email:

What is your present level of English?

Beginner Elementary Intermediate High Upper Intermediate Advanced

How many years have you studied English?

Where did you study English?

Have you taken any international English Exams? Yes / No

Details:

Course

Start Date: Day..... Month..... Year.....

Finish Date: Day..... Month..... Year.....

Do you want to take an IELTS Examination? Yes / No

Do you want to take IELTS classes? Yes / No

How did you hear about Gisborne English Language School?

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Main reason for studying at GELS? Education / Career / Personal interest

Accommodation

I wish to stay in a homestay Yes / No

First Night in homestay: Day..... Month..... Year.....

Last Night in homestay: Day..... Month..... Year.....

I will make my own accommodation arrangements Yes /No

Arrival

Arrange to fly from Auckland to Gisborne. We will pick you up from the Gisborne airport, free.

Flight details if known

Insurance

You must have Travel and Medical Insurance while in New Zealand. This is to meet new care requirements of the New Zealand government.

Do you have a health problem we should know about? Yes: No:

If yes, please state:

Payment

Tuition fee for 2 weeks \$600

Registration fee \$100

Homestay placement fee on arrival \$100

Declaration

I have read and I accept the conditions of enrolment Yes No

Signature: Date:

(If you are under 18 years of age, your parent must sign for you).

Agent's Name (if any):