

about us?

Student Application Form

IMPORTANT!

Please complete every part of this form (where applicable). Your application may not be processed if any information is omitted from this document. This documents contains <u>two</u> pages.

	Course Type
Face-to-Face	Online
	PART 1: Student Information
First Name	Home Address
Last Name	
Date of Birth	Post Code
Gender	Home Country
Nationality	UK Home Address
Passport Number	
Email Address	UK Post Code
Phone Number	
	PART 2: Emergency Contact Details
First Name	Email Address
Last Name	Phone Number
Relationship to	Does the Emergency Yes No
the Student	Contact Speak English?
	elfare purposes, students must provide the emergency contact details of a family r to study a course at MC Academy.
member or mena in order	
	PART 3: Medical Declaration
Do you have a disability c	or a medical condition that might require special
arrangements or facilities	
If 'yes', please provide de	tails:
	PART 4: Additional Information
Why do you want to	To study at a university (in the U.K.)
study at MC Academy?	
	To study at a university (outside the U.K.)
	To improve my English For fun
If you wish to study at a	
university, please let us	
know which university	
you wish to study at and	
which course you wish	
to study.	
Payment Type	Sponsored Self-Funded
Where did you hear	

	PART 5: Declaration		
I have read and accepted the school's terms and conditions.		Yes	No
I allow the school house my photos/videos on the school's website, social media platforms, or for promotional purposes.		Yes	No
Signature			
Date			

PART 6: Course Information

General English	5 hours 10 hours	15 hours 20 hours 25 hours				
IELTS Exam Preparation		15 hours 20 hours				
One-to-One	5 hours 10 hours	15 hours 20 hours 25 hours				
Pre-Sessional	25 hours	Business English 5 hours				
Cambridge Exam Preparation	5 hours	Summer School 15 hours				
Course Start Date	ourse Start Date Number of Weeks					
PART 7: Accommodation Do you require accommodation? Yes						
	dation?					
Do you require accommo (If 'no', please leave this s	dation?					
	dation?					
(If 'no', please leave this s	dation? section blank).	Yes No Homestay Preferences				
(If 'no', please leave this s	dation? section blank). Standard (18+)	Yes No Homestay Preferences Pets? Yes No				
(If 'no', please leave this s	dation? section blank). Standard (18+) Standard (16-17)	Yes No Homestay Preferences Pets? Yes No Do you smoke? Yes No				
(If 'no', please leave this s	dation? section blank). Standard (18+) Standard (16-17) Special Diet* (18+) Special Diet* (16-17)	Yes No Homestay Preferences Pets? Yes No Do you smoke? Yes No Allergies?				
(If 'no', please leave this s	dation? section blank). Standard (18+) Standard (16-17) Special Diet* (18+)	Yes No Homestay Preferences Pets? Yes No Do you smoke? Yes No				
(If 'no', please leave this s	dation? section blank). Standard (18+) Standard (16-17) Special Diet* (18+) Special Diet* (16-17)	Yes No Homestay Preferences Pets? Yes No Do you smoke? Yes Yes No Allergies? *Special diets include halal, vegetarian, vegan, kosher,				