



RATCLIFFE COLLEGE LANGUAGE SUMMER SCHOOL
REGISTRATION FORM

First Name: _____ Family Name: _____

Date of Birth: ____/____/____ (DD/MM/YYYY) Gender: Male: Female:

Home Address: _____

Email Address: _____

Contact Phone Number: _____

Nationality: _____

First Language: _____

How long have you been studying English? _____

Which option are you interested in?

Option Leetham: Week 1, 2 & 3 Option Arundel: Week 1 & 2 Option Emery: Week 2 & 3

What is your English level?

Unknown A1 A2 B1 B2 C1 C2

Which English exams have you taken?

KET PET FCE CAE CPE IELTS TOEIC TOEFL NONE

Which accommodation would you like? Shared Single

Do you have any special requirements? _____

Do you have any special dietary requirements? _____

Name of Agent: _____

Please return your completed forms to summerschool@ratcliffe.leics.sch.uk