

APPLICATION FORM



STUDENT DETAILS — ALL DETAILS **MUST** BE COMPLETED

Please complete this form in **CAPITAL LETTERS** in black ink

First name(s):	Family name:
Date of birth:	Gender:
Country of citizenship:	
Home address:	
Town:	State:
Country:	Zip Code:
Telephone (home):	Cell phone:
Email:	

PARENT/GUARDIAN — MAIN CONTACT

(All fields **MUST** be completed. Please write clearly in CAPITAL LETTERS for the form to be legible when scanned).

Family name:	Phone:
First name(s):	Email:
Mr/Mrs/Ms/Dr/Other:	Relationship to student:
Home address if different from student:	

HIGH SCHOOL DIPLOMA

Please select the following options

Grade of entry:	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Start date:	September <input type="checkbox"/>		January <input type="checkbox"/>	

SHORT TERM EXPERIENCES

Please select the following options

Semester Abroad:	1 semester <input type="checkbox"/>	2 semesters <input type="checkbox"/>	September <input type="checkbox"/>	January <input type="checkbox"/>
High School Preparation Program:	August <input type="checkbox"/>			

ACCOMMODATION

Dormitory <input type="checkbox"/> (if ticked, please complete the dorm preference below)	Homestay <input type="checkbox"/>	Day Student <input type="checkbox"/>
Do you wish to opt in to the Spring Break supplement (fee applicable):	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DORM PREFERENCE

G9 Freshman	G10 Sophomore	G11 Junior	G12 Senior
Shared En-Suite <input type="checkbox"/>	Shared En-Suite <input type="checkbox"/>	Single En-Suite <input type="checkbox"/>	Single En-Suite <input type="checkbox"/>
	Single En-Suite <input type="checkbox"/>		

Room allocation is based on availability at the time we receive your deposit; all room types are allocated on a first come, first served basis. Final allocation is confirmed shortly before the start of the term. We aim to allocate a shared room for younger students to help them settle in to school life.

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SUMMER PROGRAMS

Please select the following options

Course:	Start date:	Duration:
STEM Program <input type="checkbox"/> IVY League Program <input type="checkbox"/>	July 7 <input type="checkbox"/> July 21 <input type="checkbox"/>	2 weeks <input type="checkbox"/>

EDUCATIONAL AGENCY DETAILS

Have you used an educational agency during your application? Please tick ✓ Yes ☐ No ☐

If yes, you MUST complete the details below before we can process your application:

Agency name:

Agency postal address:

Counselor name:

Counselor email address:

DECLARATION AND SIGNATURE

- I am a student, or their parent or legal guardian (if the student is under 18 years of age), or have the full and express authority and consent of the student to submit this application on their behalf.
- I confirm that all information provided in this application form and any other supporting admissions materials is factually true and honestly declared.
- I understand that submission of this application form to CATS does not constitute a contract.

Signature of the student:

Print Name:

Date:

Signature of parent/legal guardian:

Print Name:

Date:

You have the right to withdraw your consent at any time by emailing the CATS data protection officer on DPO@ceg-uk.com. For further information on how CATS processes your personal data please see our Privacy Policy at: <http://www.cambridgeeducationgroup.com/about-us/privacy-policy.htm>

HOW DID YOU HEAR ABOUT US?

Online/website ☐ Referral from friend/relative ☐ Event ☐ Agent ☐ Other ☐