



**Personal Details**

First Name:	Last Name:
Date of Birth:	
Gender:	
Nationality:	
Email:	
Passport Number:	
Student's Mobile Number:	
Emergency Contact Number:	

**Course Booking**

Course name:	
Start date:	
Number of weeks:	
Estimated Level of English*:	

**Flight Details**

Arrival flight number:	
Arrival date:	
Arrival time:	
Departure flight number:	
Departure date:	Departure time:
Airport Transfer required**?	
Arrival / Departure / Both?	

**Accommodation\*\*\***

Accommodation required?	
Type of accommodation:	
Start date:	Number of weeks:
Special diet: Yes No	€20 Dietary supplement (e.g. gluten free)
Do you smoke?: Yes No	

**Allergies, Medical Conditions and / or Additional Needs**

Allergies, Medical Conditions and / or Additional Needs: Yes No  
Please specify any existing allergies, intolerances, medical conditions and / or special educational needs by completing our **Medical & Special Educational Needs Form** on the second page.

**Confirmation**

I agree to the [Terms & Conditions](#) and the [Privacy Policy](#).

**Additional Information**

\* Our classes start at an Elementary level of English. We do not offer classes for beginners. To check your level of English please visit [www.atlaslanguageschool.com/online-placement-test-malta/](http://www.atlaslanguageschool.com/online-placement-test-malta/)  
\*\* Arrival airport transfer is **compulsory** when accommodation is booked through Atlas. \*\*\*  
A €5 Accommodation Eco Tax will be charged if accommodation is booked through Atlas.  
A €100 refundable deposit will be collected for residence and apartment bookings.

## Medical & Special Educational Needs Form

Student	
First name of student	
Last name of student	

Next of kin / Emergency contact	
First name	
Last name	
Relationship to student	
Phone number	
Mobile phone number	
Email address	
Level of English	

**Please read the following information carefully and tick (✓) ALL the relevant boxes on the left as shown in the example below:**

<input checked="" type="checkbox"/>	Please tick (✓) the boxes on the left to indicate that you understand and agree to our terms. Please give additional details if and where required.
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**I UNDERSTAND AND AGREE THAT:**

	It is my responsibility to notify Atlas Language School of any sickness, disability, allergy, mental health issue, special educational need, or any other relevant medical information relating to me. I must provide an up to date medical form at the time of booking and inform the school of any changes.
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**MEDICAL DETAILS**

<b>1. Do you have any allergies (e.g. pets, food, medication, etc.)?</b>	
<b>YES</b>	<b>NO</b>
If yes, please list allergies:	
<b>2. Do you have any medical condition or illness that requires medical treatment?</b>	
<b>YES</b>	<b>NO</b>
If yes, please specify medical condition in detail:	

<b>3. Are you taking any medication at present?</b>	
<b>YES</b>	<b>NO</b>
If yes, please provide the name(s) of the medication:	
If yes, can you take/administer the medication yourself or do you need assistance? <b>YES</b> <b>NO</b>	
<b>4. Do you have a history of anaphylaxis (life threatening allergic reaction requiring an EpiPen (adrenaline autoinjector))?</b>	
<b>YES</b>	<b>NO</b>
If yes, so do you carry an EpiPen (adrenaline autoinjector)? <b>YES</b> <b>NO</b>	
<b>5. Can you be given over-the-counter medicine (e.g. paracetamol, cough medicine)?</b>	
<b>YES</b>	<b>NO</b>
<b>6. I agree that in the case of illness I should be attended by a doctor or hospitalised or operated in an emergency, and may be given medication according to a qualified doctor's advice.</b>	
<b>YES</b>	<b>NO</b>
If required, please specify which actions Atlas staff or the host family should take in a case of emergency:	
<b>7. Do you have any special educational needs or conditions that affect your learning?</b>	
<b>YES</b>	<b>NO</b>
If yes, please specify in detail:	
<b>8. Are there any additional relevant requests or information about your health and learning that Atlas staff should know?</b>	
<b>YES</b>	<b>NO</b>
If yes, please specify in detail:	
<b>9. Would you like to speak to a member of staff in confidence upon arrival at the school?</b>	
<b>YES</b>	<b>NO</b>

Please sign below and return immediately.

This information is confidential and will be dealt with with utmost care on a need to know basis.

**I have read and understood the above information.**

Signature of self: \_\_\_\_\_

Date: \_\_\_\_\_