

BABEL SCHOOL NORWICH

STUDENT ACCOMODATION INFORMATION

1. Family name of student:

2. First name of student:

3. Male or Female:

4. Age:

5. Place and Date of Birth:

6. Nationality:

7. Address:

8. Email address:

9. Home telephone number:

10. Student mobile telephone number:
(for emergency use)

11. Family mobile telephone number:

12. Do you have any allergies ? (if yes, please provide medical certificate)

YES

NO

13. Do you have any other health problems? (if yes, please provide medical certificate)

YES

NO

14. Do you like animals?

YES

NO

15. A lot of British families have a pet. Indicate if you have a serious allergy to animals:
(if yes, please provide medical certificate)

16. Would you prefer a non-smoking family ?

(we cannot guarantee a non-smoking family but will do our best to match your requirements)

17. Are you a vegetarian or have any special dietary requirements ?

18. Would you prefer to share room with another student in the group ?
(please give name of other student)