  

**University of Cambridge Local Examinations Syndicate (UCLES) Cambridge English Language Assessment (CELA/ESOL)**

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Registration Form



Please tick which exam and session you would like to register for:

|  |  |  |
| --- | --- | --- |
| **YOUNG LEARNERS STARTERS** | **100 dollars** |  |
| **YOUNG LEARNERS MOVERS** | **110 dollars** |  |
| **YOUNG LEARNERS FLYERS** | **120 dollars** |  |
| **KET** |  **140 dollars** |  |

First Name\*: Family Name:

Date of Birth: (dd/mm/yy)

Address:

E-mail:

Home Tel: ID Number: Mobile: Name of School

Date: Signature:

* ***YOU NEED A COPY OF YOUR PASSPORT/ID AND A PHOTOGRAPH***

**Office use only**

Exam fee: Date of payment: Receipt No./ECR No.: \_ Administrator’s initial: WBS:

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