



Foirm Iarratais/Application Form

Cúrsaí Coicíse (Scoláirí 12-18)/ 2 week courses (Students 12-18)

1. Ainm/Name _____
2. Cuir tic (√) Buachaill _____ Cailín _____
3. Dáta Breithe / Date of Birth _____
4. Seoladh/Address _____

5. Student's email address _____
6. *Parent's mobile No. _____
7. *Parent's email (for receipt & course details) _____
8. Scoil (Full Address) _____

- Rang / Bliain, 2020 _____
9. Ainm do Mhúinteoir Gaeilge _____
10. Cúrsa atá uait / Choice of course _____

Cúrsaí Coicíse - Scoláirí 12-18 / 2 Week Courses - Students 12-18			
Ainm/Title	Dátaí/Dates	(√)	Éarlas/Deposit
D	08/07/20-22/07/20		€250
E	30/07/20-13/08/20		€250

11. Guest house of your choice (If any) _____
12. Friends you wish to be accommodated with: _____
13. *Name & telephone number of person who will accept responsibility for above student in parents' absence.
Name: _____
Mobile: _____
14. *Parents'/Student consent & acceptance: I have read the college brochure and I understand and accept the college rules and conditions.
Parents' Signature _____
Students Signature _____
15. *Any recurrent illnesses/allergies/dietary requirements, etc. (please give details)

Please note re: GDPR compliance. The above information will be used to contact you periodically about course details/information/updates/offers.

Please indicate your consent: (√)

I agree

I disagree

***6, 7, 13, 14 & 15 MUST BE COMPLETED OR APPLICATION WILL BE RETURNED**