

FOIRM IARRATAIS

1. Ainm / Name: -----

2. Seoladh / Address: -----

3. **Cúrsa CURSAÍ SAMHRAIDH SUMMER COURSES. €240**

Cúrsa **A**: 26/06/22---02/07/22, Cúrsa **B**: 03/07/22---09/07/22, Cúrsa **C**: 10/07/22---17/07/22

CURSAÍ IDIRBHLIAIN TRANSITION YEAR COURSES. €175

Cúrsa **D**: 26/06/22---02/07/22, Cúrsa **E**: 03/07/22---09/07/22, Cúrsa **F**: 10/07/22---17/07/22.

5. Male /Female-----

6. Dáta Breithe / Date of Birth: -----

7. Parents Mobile: -----

Email address: -----

8. Has the student a health problem? Please attach all relevant details.

9. I authorise the college to allow my child to take paracetamol under supervision if required.

10. Dietary requirements: No special needs Coeliac Vegetarian Nut allergy

Other If other, please specify:

11. Name and telephone no. of person who will accept responsibility of above student in parents' absence.

Name: ----- Mobile: -----

12. Name of one friend you wish to be accommodated with:

13. Please visit www.colaistechara.com and read our application process and terms and conditions. Please tick to accept: 1 Terms and conditions 2.Code of behavior 3. Permission to film / Photograph

Student _____ Parent _____ Date _____.

Please forward the completed form, a deposit of €100 to address below. or pay through a bank

Colaiste Chara IBAN: IE07 AIBK9373 0428 165005 . BIC:AIBKIE2D Cheques / Bank Drafts / Postal Orders made payable to : Coláiste Chara, Chill Chartha, Co. Dhún na nGall