

# APPLICATION FORM

## STUDENT'S DETAILS :

Student's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Landline No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Email \_\_\_\_\_  
School Name \_\_\_\_\_  
School Year \_\_\_\_\_  
Irish Teacher \_\_\_\_\_  
Friends \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT/GUARDIAN'S DETAILS :

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Landline No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Email \_\_\_\_\_

Please give the name and number of the person responsible for the student in the event of the parent/guardian not being available during the course

Name \_\_\_\_\_  
Landline No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Email \_\_\_\_\_

## STUDENT'S DOCTOR :

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Medical Card No. \_\_\_\_\_

## OTHER DETAILS :

If the student has any medical condition that we should be made aware of, please give details in the box below.

## PAYMENT METHOD :

Total cost of a course is €650. Additional cost for travel will apply.  
A deposit of €200 is required to secure a place on a course.

### DEPOSIT IS NON REFUNDABLE UNDER ANY CIRCUMSTANCES

(Please tick the appropriate boxes)

- Cheque  Course 1  
 Postal Order  
 Bank Draft

Please make payments to **An Chéad Ghlúin Eile** and return with this form.

*Ensure that your cheque card number is included on the cheque*

I have read, understand and agree with all rules and regulations

Parent/Guardian Signature: \_\_\_\_\_

Send this application form to:  
**An Chéad Ghlúin Eile, c/o Colleen Nic Aodha,**  
**An Charraig, Na Doiríbeaga,**  
**Leitirceanainn, Co. Dhún na nGall.**

**You can also apply online at**  
**[www.ancheadghluineile.com](http://www.ancheadghluineile.com)**