

FOIRM IARRATAIS

1. **Ainm** / Name _____
2. **Seoladh** / Address _____

Cúrsa A: 28/6/2020 – 12/07/2020

Cúrsa B: 13/07/2020 – 19/07/2020

3. **Scoil/Coláiste** _____
4. **Dáta Breithe / Date of Birth** _____ aois _____
5. **Phone (H):** _____ (**Parent's Mobile**): _____
Parent's email address: _____

6. Student Health/Medical Conditions we should know about? Yes No
If yes, please attach all relevant details with this application.

8. I authorise the college to allow my child to take Paracetamol under supervision if required: Yes No

9. Dietary Requirements: Nut Allergy Other
If other, please specify:

10. Name of **one** friend you would wish to be accommodated with:

11. Students may have their image used for promotional materials.
If you **object** to this Please tick the box:

For full list of Coláiste Chara rules see www.colaistechara.com policies

- 12. Signature of Parent/Guardian denoting acceptance of college rules.**

..... **Date:**

13. Signature of **student** denoting acceptance of college rules.

..... **Date:**

Completed form can be emailed, a deposit of **€100** can be made payable by Cheques / Bank Drafts / Postal Orders made payable to:

Coláiste Chara Cill Chartha, Co. Dhún na nGall

Or Pay on line or in your bank

Bank details : account name: Colaiste Chara A.I.B Killybegs, Co Donegal

IBAN:IEO7 AIBK 9373 0428 1650 05 BIC:AIB.IE2D

Add Parents and Students name so as to appear on statement