

## Foirm Iarratais Bunscoileanna

1: Ainm / Name \_\_\_\_\_

2: Seoladh / Address \_\_\_\_\_

Cúrsa A: 25/05/2020 – 29/05/2020

Cúrsa B: 08/06/2020 – 12/06/2020

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.

.....

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

8: Dietary Requirements: Nut Allergy  Other

If other, please specify: .....

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

\_\_\_\_\_

10: 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](http://www.colaistechara.com) policies

11: Signature of Parent/Guardian denoting acceptance of college rules.

..... Date: .....

12: Signature of **student** denoting acceptance of college rules.

..... Date: .....

Completed form can be emailed. A deposit of **€100** secures a place, 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:AIBIE2D**

**Add Parents and Students name so as to appear on statement**