

FOIRM IARRATAIS / APPLICATION FORM

1.	Ainm / Name:	Aois / Age
2.	Seoladh / Address:	
3.	CURSAÍ SAMHRAIDH - SUMMER COURSES A: 2/7/23 – 9/7/23 €280 <input type="checkbox"/> B: 9/7/23 – 23/7/23 €525 <input type="checkbox"/>	
4.	IDIRBHLIAIN / TY YEAR C: 1/5/23 – 5/5/23 €195 <input type="checkbox"/> D: 7/05/23 – 12/05/23 €195 <input type="checkbox"/>	
5.	Male <input type="checkbox"/> / Female <input type="checkbox"/>	Date of Birth
7.	Parents'/Guardian's mobile:	
	Email address:	
8.	Has the student any health problems? Please attach all relevant details Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.	I authorise the college to allow my child to take paracetamol under supervision if required. Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.	Dietary requirements: No special needs <input type="checkbox"/> Coeliac <input type="checkbox"/> Vegetarian <input type="checkbox"/> Nut allergy <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify:	
11.	Name and telephone no. of person who will accept responsibility of above student in parents/guardians' absence.	
	Name:	Mobile:
12.	Name of <u>one</u> 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 <input type="checkbox"/> 2. Code of behavior <input type="checkbox"/> 3. Permission to film <input type="checkbox"/> Students may have their image used for promotional material, brochures, fb, if acceptable tick box <input type="checkbox"/>	
	Student	
	Parent	Date

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

Coláiste Chara

IBAN: IE07 AIBK9373 0428 165005

BIC: AIBKIE2D

Cheques / Bank Drafts / Postal Orders made payable to:

Coláiste Chara, Chill Chartha, Co. Dhún na nGall

DPC t. (074) 9121710



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**Comhairle Contae
Dhún na nGall
Donegal County Council**



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Icthais Shliabh T. 1.99