



YOU CAN ALSO BOOK ONLINE AT www.elc.ie
On completion post the form to Euro Languages College, 48 Lower Salthill, Galway

Section A Course Choice

Enter course choice below (see page 7 of brochure).

Course Code	<input type="text"/>
College	<input type="text"/>
Start Date	<input type="text"/>
End Date	<input type="text"/>

**Please Affix
a Passport
Size Photo**

Section B Personal Details

Student Name	<input type="text"/>	Male / Female (<i>Please circle as appropriate</i>)
Date of Birth	<input type="text"/>	Religion <input type="text"/>
Student Email	<input type="text"/>	Student Mobile <input type="text"/>
Home Address	<input type="text"/>	

Mother / Guardian Details:

Mother / Guardian Name	<input type="text"/>
Address	<input type="text"/>
Home Landline	<input type="text"/>
Work Number	<input type="text"/>
Mobile Number	<input type="text"/>
Email <input type="checkbox"/>	<input type="text"/>

Father / Guardian Details:

Father / Guardian Name	<input type="text"/>
Address	<input type="text"/>
Home Landline	<input type="text"/>
Work Number	<input type="text"/>
Mobile Number	<input type="text"/>
Email <input type="checkbox"/>	<input type="text"/>

Please note that receipts and reminders for payment will be sent by email.

Will the Parent(s)/Guardian(s) will be absent from home during the course (e.g. on holiday)? Yes / No (*Please circle*)

If yes, please provide an address so contact can be made in the case of emergency/expulsion:

School Student Attends

What year is the student currently in (academic year Sept 16–June 17)? 1st / 2nd / Junior Cert / TY or 4th / 5th (*Please circle*)

Has the student completed the Junior Cert (or will complete in June 2017)? Yes / No (*Please circle*)

If no, what year will the student sit the Junior Cert? June

If yes, what year will the student sit the Leaving Cert? June

Section C Alternative Course Choice

If the course you wish to book is full when your booking form arrives to our office, you have the further choice of:

(i) going on a Waiting List for that course or (ii) booking immediately onto a course where there is still availability.

☐ Go on waiting list for 1st choice as indicated at the top of the form ☐ Choose another course in order of preference below

Order of choice	Course Code	Name of College	Start Date
2nd Choice (if first choice fully booked)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Choice (if second choice fully booked)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section D Bus Transport

Please refer to brochure before completing this section and then tick as appropriate

Will the student require the private Euro Languages College bus transport from Dublin? Yes / No (*Please circle*)

The extra charge for this service will be added to the final payment due: €20 for courses in Clongowes Wood College and €25 for all other locations.

Section E**Student Welfare**

A Doctor/Dentist is on call in each college and any medical expenses must be borne by the student. Please outline in the space provided all details regarding the student's medical history – special diet, allergies, present medication, sleepwalking, bedwetting, etc. Supply information in relation to any learning difficulties and if learning support is provided at school, e.g. dyslexia, dyspraxia or other conditions that may affect the student whilst in our care. Information will be treated in the strictest confidence. Euro Languages College International Ltd. will not be held responsible for non-disclosure of any condition, medial or otherwise. Attach additional page if necessary.

Medical Insurance Details (provider & policy number / Medical Card number)

Does your son/daughter require a vegetarian diet? Yes / No (Please circle)

Do you wish your son/daughter to be excused from Religious Service? Yes / No (Please circle)

Do you give consent for your son/daughter to swim under supervision in local swimming area/pools? Yes / No (Please circle)

Section F**Emergency Contact Person**

Please provide the name and address of a relative/friend to act on behalf of the parent(s)/guardian(s) if contact cannot be made in the case of emergency/expulsion. Please provide a suitable responsible adult and inform them that they have been nominated by you as this person WILL be contacted should an emergency arise and/or in the case of a breach of the rules or expulsion but only if the parent(s)/guardian(s) cannot be contacted. You may choose to enter the details of a relative, neighbour or family friend.

DO NOT RE-ENTER THE DETAILS OF EITHER PARENT/GUARDIAN.

Name

Address

Home Landline Mobile Number

Section G**Marketing Information**

Where did you first hear of Euro Languages College? Please tick ONE appropriate space

☐ Friend ☐ Relative ☐ Teacher ☐ Sibling Attended ☐ Leaflet from School ☐ ELC Rep Visiting School
☐ Newspaper (name publication) ☐ Internet Search ☐ Other (Please specify)

Has the student previously attended a Euro Languages College course? Yes / No (Please circle)

Can we contact you by email and / or text message? Yes / No (Please circle)

Section H**Fees**

Total fees due: €1250 for the course in Clongowes Wood College and €1175 for courses in all other venues.

€250 deposit to be sent with booking form.

Full fees to be paid 8 weeks before the course start date.

Select preferred method of payment by ticking appropriate box. ☐ Deposit plus instalment before course starts ☐ Total in full

Section I**Agreement**

This section must be signed by the student and all parties relevant to this agreement.

- We have read the rules, general procedures, other information, the section on refund of fees paid and agree to be bound by the conditions therein.
- We have informed the person designated on our behalf that they will be contacted should an emergency arise and/or in the case of a breach of the rules or expulsion if we cannot be contacted.
- If at any time during his/her course my/our child requires urgent medical treatment including surgery and provided that I/we or the person designated on my/our behalf cannot be contacted, I/we give permission to the course manager, doctor or surgeon designated to make any decision that might prove necessary.

Student Signature: Date

Mother/Guardian Signature: Date

Father/Guardian Signature: Date

CHECKLIST – HAVE YOU PROVIDED ALL OF THE FOLLOWING? Incomplete booking forms may not be processed

☐ Deposit of €250 / Full Fees ☐ All Signatures ☐ Passport Size Photo ☐ Emergency Contact Person