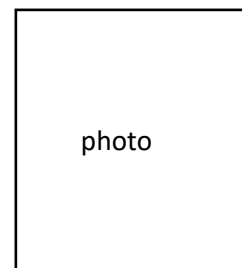




LANGUAGE FIRST IRELAND
STUDENT ENROLMENT FORM 2018-2019



1. PERSONAL DETAILS

First Name

Last Name

Date of birth

Sex

Nationality

Native Language

Address

Home Tel (incl. country code)

Student's Mobile (incl. country code).....

Parent's mobile (for -18 only)

Email

Profession

Interests.....

Special requirements

Allergies

Special medical / dietary requirements

- smoker non-smoker I will accept a family that smokes

Where did you learn about Language First Ireland?

2. COURSE DETAILS

Arrival date (d/m/y)/...../..... (Sunday to Sunday if possible)

Departure Date (d/m/y)/...../.....

Level of English :

Beginner Elementary Low intermediate Mid Intermediate Upper Intermediate Advanced

How many years have you studied English?

Destination in Ireland

COURSE: Choose **ONE** of the following programmes below.

1. **Summercamp Junior programme**

2. **Adults programme 1 week immersion**

1 week 850€

10 hours course 995€

Option test or business +100€

2 weeks 1615€

15 hours course 1175€

Option test or business +135€

3 weeks 2380 €

20 hours course 1375€

Option test or business +160€

4 weeks 3145€

30 hours course 1785€

Option test or business +180€

Registration fees Summercamp Junior Programme 80€

Registration fees Adults programme 50€

OPTIONS:

Private bathroom 180€/week

Extra night accommodation full board 100€/night

Number of nights needed:= €

Under 18'S transfer (mandatory) *:

Location.....

On arrival

On departure

Both ways

No transfer

Arrival details (if known): Airport, flight times, flight numbers etc.

ARR:

DEP:

*Please note that transfer is mandatory for both ways for under 18.

3. PAYMENT

I enclose a copy of a bank transfer of 300€ or the total fees if my arrival date is within 30 days.

All payments to:

West Coast Language First Ireland, 4 Spanish Walk, Convent Garden, Kinsale, CO. Cork

Payments in Euros

IBAN

BIC/SWIFT

Bank address:

I agree to the Terms and Conditions. I fully understand and agree unconditionally that Language First Ireland must be notified of any problem or complaint before the end of the stay. I agree that if this is not done, no claims against Language First Ireland will be considered for any reason whatsoever.

Date (d/m/y)/...../.....

Signed

(Parent or Guardian if the student is under 18)



LANGUAGE FIRST IRELAND

Parental Consent Form for Under 18 years old

Student's full name:

Classes and activities

Attendance at classes and/or extra-curricular activities is compulsory. Absence from activities or classes will only be allowed for health reasons.

I hereby give consent for my child to take part in activities and excursions organized by Language First Ireland or by Education centres, sport clubs working with LFI, which may involve being away from their accommodation for one or more nights.

Medical information

The parent/guardian must inform the LFI of any relevant medical conditions of the student. If the student becomes unwell and needs to visit a doctor or hospital, host families or LFI staff are required to accompany any student under the age of 18.

Supervision

[] I hereby give consent to my child to have unsupervised free time during the time between the end of the classes/activities and the time of the evening meal at their accomodation.

[] I hereby give consent to my child to have unsupervised free time in the evening after the evening meal and during their free days on Saturday and Sunday.

Please note that students must be at home by 7 pm unless they have permission from their parents / guardian to stay out later.

[] I hereby give consent to my child to stay out until.....PM (never later than 9:30 pm)

Smoking is forbidden at all times. The consumption of alcohol and/or the taking of drugs is forbidden. Students must obey the Irish law.

Any infringement of these rules may result in a student being sent home early at their own expense, without refund of fees.

Language First Ireland will take all reasonable precautions to ensure the safety and well-being of Juniors, neither the Language First Ireland nor the host family can accept legal responsibility for any accident, illness, theft or loss of student's personal effects.

Date :

Parent's signature