

**Application form**

Please indicate which course you are interested in

**Castlebar Ballina**

22/6/20 – 3/7/20 6/7/20 -17/7/20

**Glenamaddy Athenry**

22/6/20 – 3/7/20 6/7/20 -17/7/20

**Ainm:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Aois** (Currently): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rang/ Bliain ar scoil**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seoladh baile**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scoil**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Múinteoir Gaeilge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Conditions**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in availing of a **bus** daily? Yes No

**Riail na Gaeilge:**

*Students will be allowed a settling in period on the first day, where any mistakes will be corrected by the múinteoirí and cinnirí. After Lá 1 parents/guardians will be contacted if their son/daughter is found speaking English. The student will then be withdrawn from sporting activities immediately and given additional classes. If a student is found speaking English after receiving a phone call home, he/she will not be permitted to go on the tour and will have to stay at home that day.*

I understand Riail na Gaeilge will be enforced and I will uphold the rule. We understand that failure to do so may result in dismissal from the course

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Students signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent/ Guardian signature**

**Please give us contact details for Parent/ Guardian**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fón Póca:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where did you hear about us:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical costs/ Photographs/ Correspondence**

* I understand that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( childs name) am solely responsible for any medical costs incurred as a result of Coláiste Néifinn
* I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( childs name) give permission to Coláiste Néifinn to take photographs/videos of my son/daughter during the course to be used in the promotion of Coláiste Néifinn: Yes/ No
* I also give permission to Coláiste Néifinn to contact me by phone/text/email for advertising purposes: Yes/No

**Optional Extra:**

If you would like your son/daughter to go on the tour we are asking you to make a €20 contribution towards the cost, in order to provide a better variety of activities. Please tick if you would like your son/ daughter to go on the tour:

**Parent/ Guardian Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that incomplete application forms may result in a failure to reserve a place on the course**

**For official use only:**

Deposit:€ 50 Other: \_\_\_\_\_\_\_\_\_\_\_

Balance: €180 €180 + €20 €250 + €20

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scoláireacht: Lascaine: