

**Application form**

Please indicate which course you are interested in

[ ]  **Castlebar A** (29/06/21 – 03/07/21)

[ ]  **Glenamaddy** (28/06/21 – 02/07/21) – Now Full

[ ]  **Athenry** (05/07/21 - 09/07/21)

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

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

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

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

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

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

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

**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 The student will then be withdrawn from sporting activities immediately and given additional classes.*

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

**Course costs €150. A deposit of €50 is required to secure a place and is payable by cheque/postal order/bank transfer (details available on request).**

**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

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

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

**Completed application forms can be emailed to colaisteneifinn@gmail.com**

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

**For official use only:**

Deposit: €\_\_\_\_\_\_\_ Scoláireacht: €\_\_\_\_\_\_\_

Balance: €\_\_\_\_\_\_\_ Lascaine: €\_\_\_\_\_\_\_