

 **Booking Form**

Name _____

Date of birth _____

Nationality _____

Email _____

Mobile phone _____

Name of current school _____

Parent(s) name (s) _____

Parent(s) email (s) _____

Passport or Identity Card Number

Year in which s/he is studying at home

Duration of stay in Ireland

Dates of stay requested

Personality and Hobbies / Interests

Father's / Mother's Address(es)

Other children in family

I accept the conditions of the program

(student)

(parent)

(parent)

Medical information (allergies, medication etc.)

Emergency treatment consent (must be signed by parent(s))

I consent to Ireland School acting in loco parentis during my child's stay in Ireland, and authorise to act in my child's best interests in the event of a medical emergency

(parent)

(parent)