

Student Details

Family Name: _____ Given & Other Names: _____

Date of Birth: _____ Male Female Students' mobile number: _____

Nationality: _____ First language: _____

If you are applying for a **visa**, please send us a copy of your passport.

I wish to book: Course 44 Homestay Programme Course 45 Day Programme Number of weeks: _____

Arrival Date (Sunday-Homestay/Monday-Day): _____ Departure Date (Saturday/Sunday): _____

Estimated Level: Beginner Elementary Intermediate Upper Intermediate Advanced

I wish to book a transfer* My child will be accompanied by an adult of 21 or over on arrival*

*All students must be accompanied to and from their host family upon arrival and departure. Visa applications require proof of transfer arrangements.

How did you hear about Frances King? I studied at Frances King before: (if so, when?) _____ A friend/relative

Frances King website Other website: _____ I saw the school English UK

The British Council Local Educational Advisor: Name: _____

Parent/Guardian details (in your country)

Name: _____ Relationship to child: _____

Address: _____

Email: _____ Telephone: _____

Mobile: _____ Fax: _____

Parent/Guardian details while child is in Ireland (if different from above)

Name: _____ Relationship to child: _____

Address: _____

Email: _____ Telephone: _____

Mobile: _____ Fax: _____

Medical Information

Students are accepted on the understanding that they are in good health. If we are not told in advance about a physical or medical condition we reserve the right to exclude students from the course. **Please answer all questions so that we can process your enrolment.**

European Health Insurance Card Number (EU students only)*: _____

*Please bring your European Health Insurance card and keep it with you

Does your child take any regular medication which he/she will bring with him/her? Yes No

Will your child bring any other medication? Yes No

Does your child suffer from any serious illnesses, allergies or behavioural problems?
(e.g. asthma, diabetes, epilepsy, nut allergy, panic attacks, etc.) Yes No

Additional Information regarding the above: _____

In the case of minor pain or illness, such as headaches, mild cold or sore throat, do you agree to your child being given non-prescription medicine such as paracetamol, cough medicine, throat pastilles, anti-histamines, travel sickness tablets? Yes No

If no, please explain your reason: _____

Emergency Hospital Treatment

In case of a medical emergency, every effort will be made to contact you, the child's parents/guardians, as quickly as possible. If your child needs an emergency operation, do you give permission for the Course Director to sign the necessary consent form? Yes No

Food and Dietary Needs

Is your child allergic to any foods? Yes No Do you eat meat? Yes No Do you eat fish? Yes No

Do you have a strong dislike/allergy to: Cats? Yes No Dogs? Yes No

Is there any other information we need to ensure the health and well-being of your child? This information will be treated as confidential.

Yes No

Additional Information regarding the above: _____

Permission to travel alone to/from school (Day school students only)

All students must be accompanied to and from the campus on their first day. Students aged 14 and over may travel alone for the rest of the course.

Does your child have permission to travel unaccompanied to/from the campus everyday? Yes No

Transfer Details for Homestay Students

Student's mobile telephone number (if applicable): _____

My child is travelling with or being met on arrival by an adult of 21 or over who will bring him/her the host family at _____ (time) on _____ (date)

Accompanying Adult Name: _____ Contact number: _____

Relationship to the student: _____

My child requires a single OR return transfer from: Dublin Airport

Student Travel Details

Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Flight Number: _____ Flight Number: _____

Departing From: _____ Departing From: _____ Terminal: _____

Arriving at: _____ Terminal: _____ Arriving at: _____

Is your child registered with the airline as an Unaccompanied Minor? Yes No

Payment

– Students who need to apply for a **visa** are required to pay the fees in full at the time of booking.

– Students who do not need a visa to study must pay the deposit of €500 and the remaining fees 6 weeks before the course starts.

Payment: €500 Deposit Payment in full of € _____

By: credit card online at <https://secure.francesking.com/payment-dublin> Provide Credit Card details if preferred

  Visa Card MasterCard Name on card: _____ Post code: _____ (Month) (Year)
Card Number: Security code: Expiry Date:

Euro cheque (drawn on an Irish bank in Ireland) International Bank Transfer

Our bank account details are: Frances King School of English (Ireland) Ltd, Bank of Ireland, Lower Baggot Street, PO Box 3131, Dublin 2.
Bank sort code: 90-14-90 Account number: 62783119
IBAN BIC Number (SWIFT): BOFIE2D
IBAN NUMBER: IE18 BOFI 9014 9062 7831 19

Frances King is not responsible for your bank transfer charges. Please send/fax a copy of the bank transfer with your enrolment form.
Please make certain that the student's name appears clearly on the bank transfer.

Declaration

I confirm that the above details are correct and complete. I have read and understood "Dublin Teenager Programme – Enrolment Details, Terms and Conditions 2015" and agree to the terms and conditions.

Signature: _____ Date: _____ / _____ / _____
day month year