**Registration Form 2020**

Name:

Date of Birth:

Address:

Student Contact Tel No:

Travel Document (Passport | National Identity Card):

Travel Document Expiry Date:

Travel Document Number:

School name and address:

Year:

English level:

Medical Conditions e.g. asthma, diabetes:

Parents Names:

Parents Contact details (phone, email - required):

Course chosen: 2 3 4 weeks

Flight included: YES NO

Course dates:

Name of any friends attending:

Please name ALL the friends you want to be near:

Preferred location (if any)

No Preference Hospital Ballylanders Bruree Other

Interests and hobbies:

Any other information: