

APPLICATION FORM: Byron College Summer Programme 2017

PUPIL INFORMATION Pupil's Full Name: _____

Pupil's Gender: **Male** or **Female** Date of Birth: _____

Name of School: _____ Class attended in 2016-17: _____

Language(s) spoken at home: _____

English Level: **Non-Speaker** or **Basic** or **Intermediate** or **Fluent**

May we use your child's photograph on our facebook page, website, or other printed publications that we produce for promotional purposes: **YES / NO**

Swimming Ability: **Non-swimmer** or **Beginner with arm-bands/floats** or **5-10 metres**

Doctor's note for swimming received by first day of programme:

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ **Occupation:** _____

e-mail address: _____ **Contact Telephone:** _____

Father's Name: _____ **Occupation:** _____

e-mail address: _____ **Contact Telephone:** _____

Home Address: _____

Home Telephone: _____

Tax number AFM & DOY: _____

Medical and Healthcare Information

Eyesight: _____

Hearing: _____

Allergies: _____

Special attention or needs required: _____

Can your child be administered paracetamol [Depon/Panadol] in case of headache/flu? **YES / NO**

Please state any reason why your child may be unable to participate fully in sports or other activities:

Programme: **Week 1** **Week 2** **Week 3**

Enrolment date: _____

Name & Signature of Parent/Guardian: _____

Office Use: Agreed Total Fees (€): _____