

APPLICATION FORM

PERSONAL INFORMATION**Booking Agent Name:** _____

Student First Name/s: _____

Student Family Name: _____

Gender: Male Female Nationality: _____

Passport number: _____

Date of Birth: _____

(DD/MM/YY) _____ / _____ / _____ Language: _____

Full home address: _____

City: _____ Country: _____

Mobile Number: _____ Email: _____

COURSE BOOKING

School Location:	<input type="checkbox"/> ELI Dublin	<input type="checkbox"/> ELI Drogheda	<input type="checkbox"/> ELI Limerick
Course Choice:	<input type="checkbox"/> General English 15 Hours	<input type="checkbox"/> General English 20 Hours	<input type="checkbox"/> Academic Year FV – 15 hours Afternoon (4 Day Week GC)
	<input type="checkbox"/> Academic Year 15 Hours	<input type="checkbox"/> Academic Year 20 Hours	<input type="checkbox"/> Academic Year FV – 15 hours Afternoon (4 Day Week DS)
	<input type="checkbox"/> Exam Preparation 15 Hours		

Study Period	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon			
Start date:	_____ / _____ / _____	End date:	_____ / _____ / _____	Total weeks:	_____

ACCOMMODATION BOOKING

ELI Residence:	<input type="checkbox"/> Shared room	Host Family:	<input type="checkbox"/> Shared room		
Residence:	<input type="checkbox"/> Single room		<input type="checkbox"/> Single room		
Start date:	_____ / _____ / _____	End date:	_____ / _____ / _____	Total weeks:	_____

ELI Schools will do our best to find the best host family for you. Do you have any preferences?

Do you like children? Yes No Do you like pets? Yes No
Do you smoke? Yes No Anything else? _____

Do you have a medical condition now or previously we should be informed of? Do you have a special diet?

Name of the condition: _____

Medication taken: _____

Special diet: _____

TRAVEL DETAILS

Date of arrival: _____ / _____ / _____ Flight arrival time: _____
Flight number: _____ Airline: _____
Date of departure: _____ / _____ / _____ Time of departure: _____

Do you require an airport transfer? Obligatory for students aged 17 and under travelling without an adult.

Airport Transfer Booking: Arrival transfer Departure Transfer**BOOKING AGREEMENT**

I have read, understand and accept all application and payment terms and conditions outlined above and the **ELI Schools** brochure and/or website and agree to be bound therein. Agreement for all parent/guardians or legal representatives of students aged under 18 I am the parent or legal guardian of the above (minor) applicant. I have read, understand and accept all application and payment terms and conditions outlined above and the **ELI Schools** brochure and agree to be bound therein.

PHOTO / VIDEO CONSENT FORM

We would be grateful if you would fill in this form to give **ELI Schools** permission to take photos of you / your child as they take part in programme activities and use these in our promotional material. I, the undersigned grant permission for **ELI Schools** to take photographs and video of me / my child for use in their marketing of **ELI Schools Programmes**. This might include but is not limited to, the right to use them in their printed and online publicity and social media.

 I agree

Name: _____ Signature: _____ Date: _____ / _____ / _____