

APPLICATION FORM



ELI ENGLISH
LANGUAGE
INSTITUTE

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: ☐ ELI Dublin ☐ ELI Drogheda ☐ ELI Limerick

Course Choice: ☐ General English 15 Hours ☐ General English 20 Hours ☐ Academic Year FV – 15 hours Afternoon (4 Day Week GC)
☐ Academic Year 15 Hours ☐ Academic Year 20 Hours ☐ Academic Year FV – 15 hours Afternoon (4 Day Week DS)
☐ Exam Preparation 15 Hours

Study Period ☐ Morning ☐ Afternoon

Start date: ____/____/____ End date: ____/____/____ Total weeks: _____

ACCOMMODATION BOOKING

ELI Residence: ☐ Shared room Host Family: ☐ Shared room

Residence: ☐ Single room ☐ 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: ____/____/____