**Registration Form 2024**

Name:

Date of Birth:

Address:

Student Contact Tel No:

School Name and Address:

English level – A1, A2, B1, B2, C1:

Medical Conditions e.g. asthma, diabetes:

Parents Name and Surname:

Parents Contact details (phone, email - required):

Do you want your child to travel to Ireland with our teacher and the other students from your city if possible?

Any Medical Conditions?

Interests and hobbies:

In 5 words, please describe your child’s personality.

Please name of any friends attending:

Do you want to share the family home with a friend? Please give the name of your friend:

Please add any information which you think will help us to place your child with the most suitable host family and roommates?