



Summer School Application Form

Full Name of Child:

Gender: **Boy** **Girl**

Date of Birth:

Contact Numbers:

Home Address:

€ 900 for 10 weeks

€ 500 for 5 weeks

€ 120 for 1 week

€ 30 for 1 day

Date of Entry: From _____ to _____

Name of Parents / Guardians: _____

Signature: _____