



## Supervised Study - Registration Form

Students Full Name \_\_\_\_\_

Students contact number \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_

### **Please Tick**

Junior Certificate – 3<sup>rd</sup> Year  Leaving Certificate – 6<sup>th</sup> Year

1<sup>st</sup>/2<sup>nd</sup> Year  5<sup>th</sup> Year

School \_\_\_\_\_

Please tick the days of interest for study:

Mon  Tues  Wed  Thurs  Fri  Sat

### **Please choose a package:**

Monday to Friday 4:15pm- 6pm

Monday to Friday 4:15pm- 8pm

Monday to Saturday: All inclusive

### **Parent/ Guardian Information**

Name \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email \_\_\_\_\_

Please indicate any medical condition or requirements we ought to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Would you like to avail of our absenteeism text service Yes  No

Please tick this box if you do not consent to your son/daughter being in a photograph. (Photos may be used on our website and/or social media)

**By signing below, I acknowledge that I have read and agreed to the booking conditions, (booking terms and conditions can be found on our website)**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

FEES ARE NON REFUNDABLE AND NON TRANSFERABLE  
NO ALLOWANCE FOR ABSENTEEISM