

**De La Salle College**  
**NEWTOWN, WATERFORD, IRELAND**  
Telephone: (051) 875294  
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**Coláiste De La Salle**  
**BAILE NUA, PORT LÁIRGE, ÉIRE**  
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Website: [www.delasallewaterford.com](http://www.delasallewaterford.com)

**Application Form**  
**French Educational & Cultural Trip to Paris, France September 2018**

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
(as on passport)

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Class in School: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
(Please enclose a copy of current passport with form)

European Health Insurance Card (EHIC) Number: \_\_\_\_\_

EHIC Expiry Date: \_\_\_\_\_

Food Allergy: \_\_\_\_\_

Existing Medical Condition: \_\_\_\_\_

**Parents/ Guardians:**

Mother's Name: \_\_\_\_\_ (please print)

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ (please print)

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

I would like my son \_\_\_\_\_ to be considered for the De La Salle  
College French Trip 2018.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed application form to Ms. A. Phelan by 24<sup>th</sup> May.