

Student Name: _____

Age: _____ DOB: _____ Year: 6th year

Address: _____

School
Attending: _____

Relevant Medical Information: _____

Signed by (Parent or Guardian)

_____ Date: / /2019

Payment should be made directly to the College office or by Debit/Credit Card (Tel 051 875294).

Enrolling students who are not attending DLS College must provide a passport photograph for our records.

Thank you

E. O'Connor

Study Co-ordinator

For *OUR* records **Session II**

start date **Monday 7th January 2019**

START DATE: _____

CONTACT NUMBERS for Parent/Guardian

MOBILE: _____

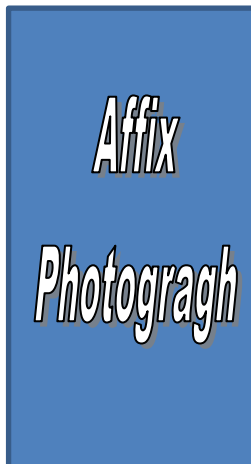
HOME: _____

Email: _____

Night Study is fully supervised in *Our* Senior Library and runs from Monday – Thursday, 7:00pm - 9:00pm.

Night Study Fees 4 Nights €160

Night Study will **not** run during *Our* **Midterm break** (February 18th - 22nd) and **Easter Holidays** (April 15th -26th.) Other closures will be posted on our website and students will be informed



For *OUR* Records
Payment Method: _____
Received By: _____
Date: / /2019