

## Application form Night Study **Session II**

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Year: 6<sup>th</sup> year

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

School  
Attending: \_\_\_\_\_

Relevant Medical Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by (Parent or Guardian)

\_\_\_\_\_ Date: / /2020

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*  
Night Study Co-ordinator

For *OUR* records **Session II**

Start date **Monday 6<sup>th</sup> December 2020**

START DATE : \_\_\_\_\_ (if different)

### **CONTACT NUMBERS for Parent/Guardian**

MOBILE: \_\_\_\_\_

HOME: \_\_\_\_\_

Email: \_\_\_\_\_

Please write clearly.

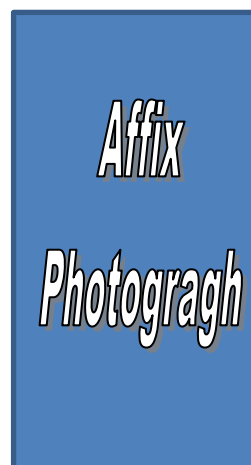
Night Study is fully supervised in *Our* Senior Library and runs from Monday – Thursday, 7:00pm - 9:00pm.

**Night Study Fees** 4 Nights €160

\*Night Study does not run during *Our* **Midterm break** and **College closures**'.

Closures will be announced and are listed on DLS school calendar.

College rules extend into this facility



For *OUR* Records

Payment Method:

**Received By:**

\_\_\_\_\_  
Print FULL name

Date: / /2020