

Student Name: _____

Age: _____ DOB: _____ Year: 6th year

Address: _____

School
Attending: _____

Relevant Medical Information: _____

Signed by (Parent or Guardian)

_____ Date: / /2022

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
eoconnor@delasallewaterford.ie

For *OUR* records **Session II**

Night Study will start when **numbers enrolled allow**.

START DATE: _____ 2022

CONTACT NUMBERS for Parent/Guardian

MOBILE: _____

MOBILE for student: _____

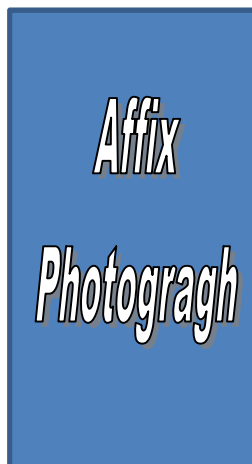
Email: _____

Email for student _____

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

Night Study Fees 4 Nights €50 **DEPOSIT**

Night Study will **not run during** **Our Midterm break** (February 21st - 25th)
Other closures will be posted on our website and students will be informed.
Fees must be paid before commencement.



For <i>OUR</i> Records
Payment Method: _____
Received By: _____
Date: / /2022