



ROSEMONT SCHOOL

English Proficiency Summer Programme

29th June – 19th July 2020

Personal Information

Full Name : <i>Last, First, Middle</i>	Address :
Home Phone :	Alternative Phone :
Fathers Name:	Mothers Name :
Parents Contact Number:	Email:
Date of Birth:	Do you have any food allergies?:

Any Specific requests regarding the host family where you will stay :

Are you happy for your daughter to share a bedroom with another student ?

Course Choice, Language Level, Education to Date

Start Date: ____/____/____

***Must be: Monday 29th June or Monday 6th July**

Two Weeks **Three Weeks**
€1380 **€2040**

Additional Costs:

Airport Transfer **Food Allergies**
Pick up + Drop off **€20 additional**
€120 **Per Week**

*** Deposit of 20% required upon booking**

Current Level of English :

CAMBRIDGE, TOFEL or IELTS : _____

Level Achieved : _____

Medical Questions

Does your daughter have any audio or visual problems?

Does your daughter suffer bed-wetting?

Has your daughter suffered from convulsions ? (Please specify)

Does your daughter suffer from any allergies ? (Please specify)

Is she allergic to any medicine ? (Please specify)

Does your daughter have any allergies to animals or foods? (Please specify)
Does your daughter have any learning difficulties?
Does your daughter suffer from hyperactivity or attention deficit disorder, or other psychological diagnosis (please specify)
Does your daughter have any psychological difficulties (please specify)?
Does she have any other illness not mentioned?
Has she ever had an eating disorder? Anorexia, Bulimia, etc (Please specify)
Are there any other observations you would like us to consider in order to properly look after your daughter. (Please specify)

Father's Signature	Mother's Signature	Date

Image Rights

Parent/ guardian consent for publication of work and photographs

I agree that, if selected, work by my daughter or the child in my care may be published on the school's website or other media formats (web, magazine, flyers, newsletters, videos, DVDs etc.). I also agree that photographs that include my daughter or child in my care may be published subject to the school rules that photographs will not clearly identify individuals and that full names will never be used. In the case where an individual student's first name is to be used with their

photograph, the school will seek permission directly from the parents/guardian in advance.

I accept the above paragraph

I do not accept the above paragraph

(Please tick as appropriate)

Signature: _____ Date: _____

Father's Signature	Mother's Signature	Date

Payment Method

Options

- Bank Transfer to Rosemont's Bank Account (details below)
- Credit Card Payment (3% additional charge is applied)

Payment Structure English Proficiency programme

	2 weeks	3 weeks
Deposit of 20% upon booking (non-refundable)	€276	€408
1 st March 2020	€552	€816
1 st May 2020	€552	€816

* This prices do not include any additional costs

* Total Amount must be fully paid before 1st of June 2020

Bank Account Details for English Proficiency Programme

REFL International Stream Bank Account Details

Bank Name: Allied Irish Banks (AIB)

Account Name: REFL International Stream

Account no: 25368119

Sort code: 93-10-63

Bank Address: AIB, 52 Baggot Street, Ballsbridge, Dublin 4

IBAN: IE74 AIBK 9310 6325 3681 19

Swift: AIBKIE2D

Reference: Please write your daughters full name as a reference when transferring payments.