

## APPLICATION FOR SUMMER SCHOOL

Name/s of Student.....

Sex: Male/Female .....

Age on 1<sup>st</sup> of July .....

Name of Parents:.....

Postal Address.....

Home telephone.....Work telephone.....

Mobile – Mother.....Mobile – Father .....

E-mail address.....

(Please tick the appropriate boxes)

How many weeks required .....

1<sup>st</sup> week       2<sup>nd</sup> week       3<sup>rd</sup> week       4<sup>th</sup> week

Full Day 9.30am - 3pm       Mornings only 9.30am -12.30pm

Lunch required       Monitor required mornings  afternoons       English Lessons required

Friends attending summer school: .....

(For office use)

Registration No.: .....

Amount Paid for Camp: .....

Amount paid for lunch: .....

Special Comments: .....

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