

# COLÁISTE BHREANDÁIN APPLICATION FORM

Course Code: (Alpha,Delta).....

Date from.....to.....

Name:.....  
(Please use Block Letters)

Address:.....  
.....  
.....

Tel: (Home).....

Tel: (Business or Mobile).....

Date of Birth: .....

School: .....

Name of French Teacher: .....

Name of Irish Teacher: .....

Class: .....

If parents are away during course, please state the name and telephone number of a relative/friend who would be responsible for the student in case of emergency. Students are fully insured during the course.

Name:.....  
(Please use Block Letters)

Address:.....  
.....

Tel:.....

Information on any health problems that the student might have.  
.....

All medical fees are borne by the parents

All Cheques & Postal Orders should be made payable to Coláiste Bhreandáin

I enclose a deposit of €200 here with **CHEQUE:**  **POSTAL ORDER:**

Signature of Parent / Guardian: .....

.....  
(PLEASE USE BLOCK LETTERS AFTER SIGNING)

Date: .....

## Forward Application Form (below) & Deposit to:

An Rúnaí, Coláiste Bhreandáin, Baile na bhFionnabhrach, Baile na nGall, Trá Lí, Co. Chiarraí.

Fón: 066 - 9155505 (Between 6pm and 7pm)  
if no answer phone: 086 3688484 (Between 6pm and 7pm)  
[www.colaiстеbhreandain.com](http://www.colaiстеbhreandain.com)