



Application Form Sections

- | | |
|--------------------------------------|-------------------------------------|
| 1. Applicant & Programme Information | 5. Authorisation Form |
| 2. Family Information | 6. Discipline & Behaviour Agreement |
| 3. Academic & Sporting Profile | 7. Cancellation & Refund Policy |
| 4. Medical History | 8. Form of Indemnity |

Application Documents Checklist

- | | |
|---|---|
| <input type="checkbox"/> Completed Application Form | <input type="checkbox"/> School reference letter <i>(private school applicants only)</i> |
| <input type="checkbox"/> Copy of Passport / Birth Certificate | <input type="checkbox"/> Proof of Health Insurance / Copy of EHIC |
| <input type="checkbox"/> Signed Discipline & Behaviour Agreement | <input type="checkbox"/> Letter of introduction to Host Family |
| <input type="checkbox"/> Two recent school reports | <input type="checkbox"/> Uniform Order Form |
| <input type="checkbox"/> Medical / Allergy Report <i>(Where required)</i> | <input type="checkbox"/> 4 Passport Size Photographs <i>(for student card)</i> |
| <input type="checkbox"/> Student expression of interest letter <i>(private school applicants only)</i> | |

1. Applicant Information - Please Write in Block Capitals

| | | | |
|---|----------------------------------|---------------------------------|---|
| Applicant's Family Name: | | | |
| Applicant's First Name/s: | | | |
| Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Nationality: |
| Date of Birth: | DD / MM / YY | | Language: |
| Full Street Address: | | | |
| City: | | Country: | |
| Mobile Number: | | Email: | |
| Passport Number: | | Religion <i>(if any):</i> | |
| I live with my... | Parents <input type="checkbox"/> | Mother <input type="checkbox"/> | Father <input type="checkbox"/> Other <input type="checkbox"/> <i>Please Specify:</i> |
| Are there any family circumstances we should be aware of? | | | |

Programme Information - Please Write in Block Capitals

| | | | |
|--|--------------------------------|----------------------------------|---------------------------------------|
| Length of programme: | | | |
| Year: | | | |
| School Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | CoEd <input type="checkbox"/> |
| School Type: | State <input type="checkbox"/> | Private <input type="checkbox"/> | Boarding or Host Family: DD / MM / YY |
| Please indicate your school choices <i>(if known):</i> | | | |
| 1st choice: | | | |
| 2nd choice: | | | |



2.**Family Information****Parent or Guardian (1) Contact:**

| | | | |
|----------------------|--|---------|--|
| First Name: | | | |
| Surname: | | | |
| Full Street Address: | | | |
| Occupation: | | Mobile: | |
| Email: | | | |

Parent or Guardian (2) Contact:

| | | | |
|----------------------|--|---------|--|
| First Name: | | | |
| Surname: | | | |
| Full Street Address: | | | |
| Occupation: | | Mobile: | |
| Email: | | | |

Brothers / Sisters:

| First Name / Surname: | Birthday: | Occupation: |
|-----------------------|--------------|-------------|
| Name: | DD / MM / YY | e.g student |
| Name: | DD / MM / YY | e.g student |
| Name: | DD / MM / YY | e.g student |

Next of Kin / Emergency Contact:

| | | | |
|--------------------------|--|--|--|
| First Name: | | | |
| Surname: | | | |
| Relationship to Student: | | | |
| Mobile Phone number: | | | |
| Email Address: | | | |
| Level of English: | | | |

Photo / Video Consent Form:

We would be grateful if you would fill in this form to give **ELI Schools** permission to take photos of you / your child as they take part in programme activities and use these in our **High School Programme** promotional material. I the undersigned grant permission for **ELI Schools** to take photographs and video of me / my child for use in their marketing of **ELI Schools Programmes**. This might include but is not limited to, the right to use them in their printed and online publicity and social media.

Parent Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____



3.

Academic & Sporting Profile

Please indicate any sports, musical instruments or special interests that you have and would like to pursue in Ireland:

Sports played:

Musical instruments:

Special interests:

Pets & Dietary Requirements:

Do you have pets at home?

Yes No

Any additional information?

Are you happy to live with pets?

Yes No

Do you have any dietary requirements?

Vegetarian Vegan Coeliac Lactose Intolerance Other

If other: (please explain)

Language Ability:

Describe your level of English:

Elementary Intermediate Upper intermediate Advanced

Please tick where appropriate your level of English in the following areas:

Speaking:

Elementary Intermediate Upper intermediate Advanced

Listening:

Elementary Intermediate Upper intermediate Advanced

Reading:

Elementary Intermediate Upper intermediate Advanced

Writing:

Elementary Intermediate Upper intermediate Advanced

Do you speak any other language?

Please specify

Language _____ Level _____ Length of Study _____
 Language _____ Level _____ Length of Study _____
 Language _____ Level _____ Length of Study _____

Academic History:

Academic Year:

Year Group:

Academic Year:

Year Group:

Subject:

Final Grade:

Subject:

Final Grade:

Academic Achievements:



4.

Medical History

Does the applicant now have, or has she had any of the following? Please give detailed information:

| Illness | | Month / Year | Disorder | |
|---------------|--|--------------|-------------------------|--|
| Chicken Pox | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | Seizures | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Measles | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | Sleepwalking | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Mumps | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | Anorexia | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Rubella | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | Bulimia | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Poliomyelitis | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Malaria | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | Headaches/Migraine | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hepatitis | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | Psychological/Emotional | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Goiter | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | Allergies | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hernia | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other | _____ | | Other | _____ |
| | _____ | | | _____ |

If you have answered yes to any of the disorders above, please explain and provide documentation detailing your current situation. Please also provide medical certificate where required:

Are there any restrictions on your physical health that would prevent you from participating in physical activity?

Yes No

If yes, please explain _____

Do you have a medical condition now or previously we should be informed of?

| | |
|-------------------------------|-------|
| Name of condition: | _____ |
| Medication taken: | _____ |
| Dosage: | _____ |
| Special diet required: | _____ |

Do you have any allergies that we should be informed of?

| | |
|--------------------------------|-------|
| Allergy: | _____ |
| Severity: | _____ |
| Medication taken: | _____ |
| Dosage: | _____ |
| Additional Information: | _____ |

Additional Allergies? (Continue on separate page where required)

Signature:

I certify that the medical details above are correct _____

Physician Signature and Stamp



Student Name: _____

This authorisation and consent form is to be signed by the parents or legal guardian of a student if the student is under 18 years. LT Education Abroad Limited or any of representative should not be construed as legal guardians of any child under the age of 18. The use of the word “guardian” is solely intended to allow LT Education Abroad Limited to act “in loco parentis”. This form must be signed before any child can participate on any programme.

1. I/We hereby declare that I/We am/are the parent/legal guardian of the above named student and am/are entitled to full legal custody of him/her.
2. I/We hereby authorise L.T Education Abroad Limited, it's staff, servants or agents to act in loco parentis on my/our behalf and to act as temporary guardians* for my/our child for the duration of his/her stay in Ireland.
3. In particular I/We authorise the company to establish a place of residence for my/our child with a host family which has been sourced and inspected by them and conforms to the Irish Department of Education and Science host family standards or in approved boarding school accommodation.
4. Where applicable, I/We further authorise the company to attend with my/our child at the Garda National Immigration Bureau for the purposes of his/her visa application and to act on behalf of my/our child in relation to the application.
5. I/We hereby confirm that we have answered all questions on the programme application form correctly and honestly and we have informed L.T Education Abroad Limited of the full details of any medical or mental condition my/our child may have, and any medicines which my/our child currently uses.
6. I/We hereby authorise the company to administer first aid treatment for any minor injuries or illnesses experienced by my/our child. If my/our child suffers a serious injury or illness I/we authorise the persons listed at 2 above to summon any and all professional emergency personnel to attend, transport and treat my/our child and to issue consent for any x-ray, anaesthetic, blood transfusion, medication or any other treatment or hospital care deemed advisable by and conducted under the supervision of a doctor, surgeon or other medical professional qualified to practice in Ireland.
7. I/We understand that LT Education Abroad Limited will only use this authority in an emergency and where attempts to contact me/us have failed or are not possible in the time frame allowed.
8. This authorisation is effective commencing on the date of arrival in Ireland listed above and expiring at the end of the programme
9. I/we agree to pay all of my/our child's expenses to LT Education Abroad Limited for the duration of their stay in Ireland and authorise LT Education Abroad Limited to act as financial sponsor for my/our child. I/We confirm that my/our child will not seek any financial assistance from the Irish Government or any other Irish body and will not at any stage be a burden on the State.
10. I/we understand that my/our child must abide by the rules of the LT Education Abroad Limited Junior Programme or English Language Programme which are appended to this form (Discipline and Behaviour agreement). Should my/our child breach any of the rules as appended hereto I/we understand that they may be expelled from the Junior Programme or English Language Programme and returned home.
11. I/we understand that if enrolled on an adult programme for students aged 16+, my child may be in a class with adult students aged 18+.
12. It has been explained to me/us that I/we should obtain independent legal advice before signing this document. I/We confirm having received independent legal advice or alternatively I/We are waiving my/our right to such advices.

Undertaking by the parent(s)/guardians:

I accept all of the above points in the Authorisation Form:

Parent Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____



6.

Discipline & Behaviour Agreement

All students are subject to Irish law for the duration of the programme. Students are also subject to the discipline policies and rules of their Junior Programme and their host family. In addition to this ELI will insist on the following:

The following actions are in all circumstances prohibited:

1. Consuming any alcoholic beverage or smoking
2. Taking any type of illegal drug or un-prescribed medicine; associating or having contact with any person involved in or associated with un-prescribed or illegal drugs. (You must inform ELI Schools if you are taking any prescription medication).
3. Driving a car or motorbike
4. Staying away from the host family/residential school overnight without permission from ELI staff and your host family and your parents/guardian (in writing) – you must have permission of all three parties.
5. Being absent from school without permission or Leaving the school premises without permission
6. Travelling outside your residential area without the permission of ELI Schools and your parents/guardian
7. Borrowing money from classmates or lending money to classmates
8. Inviting friends to host family/residential accommodation without prior permission from the host family and ELI Schools
9. Bullying of any kind
10. Using mobile phones during class, or being disruptive, behaving inappropriately or unacceptably during class
11. Being absent from school. All absences must be justified (for example certified sickness). Also note that if you are absent for 20 days or more the Irish Department of Education and Science will investigate and you could be expelled from both your school and the programme
12. Working - students are not permitted to engage in any paid part-time employment
13. Tattoos or body-piercing (unless by prior agreement with parents/guardian)
14. Cooking in your host family's home without permission to do so
15. Engaging in a sexual relationship
16. Breaking curfew or arriving late home for dinner or late to school on an ongoing regular basis.

Rules and Guidelines.

1. Respect must be shown at all times to your teachers, your host family and all staff members of ELI Schools
2. You are expected to do all homework set by your teachers. In addition to homework, you are expected to devote some time each evening to private study. The minimum should be one hour per day.
3. Unless you are attending an official school or family event you must obey the following curfews:
 - a) You must be home by dinner time each day (you can confirm this time with your host family).
 - b) You are allowed to socialise in the LOCAL area only until 9pm from Sunday – Thursday.
 - c) You are allowed to socialise in the LOCAL area only until 10pm from Friday and Saturday.- d) In all cases the host family must be informed of where you will be, who you will be with and when you will return

Disciplinary Action

The following disciplinary process will follow should any student break the above rules or guidelines:

Stage 1: Formal Verbal Warning - with remedial action including letter or verbal apology, or detention

Stage 2: First Written Warning

Stage 3: Final Written Warning (signed and witnessed)

Stage 4: Expulsion – parents must organise an immediate return with no refund of fees.

In serious cases of disciplinary action, the verbal or first or final written warning may be foregone. In the case where a student breaks the law in Ireland, this will result in immediate expulsion.

I accept all of the above points in the Authorisation Form:

Parent Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____



7.

Cancellation & Refund Policy

- Cancellation more than 4 weeks prior to arrival: full refund less €500 plus any fees/deposits paid to schools
- Cancellation less than 4 weeks prior to arrival: full refund less €750 plus any fees/deposits paid to schools
- Cancellation after arrival: No refund

Revised Cancellation & Refund impacted by Covid 19*:

- Cancellation more than 1 week prior to arrival: full refund less €200
- Cancellation less than 1 week prior to arrival: full refund less €500
- Cancellation after the course start date: no refund

*In the event that a student cannot take up their place due to events outside their control and as a direct result of Covid 19 travel restrictions, students must provide documentation to support their cancellation request.

8.

Form of Indemnity

LT Education Abroad Ltd.

This indemnity is to be signed by the student and the parent or legal guardian if the student is under 18 years. Until this has been signed the student may not take part in any activity arranged by the school off the premises.

In consideration of LT Education Abroad Limited (hereinafter known as ELI Schools) agreeing to make arrangements for and to authorise the staff, servants or agents of ELI Schools, directly or through the principal, to take my/our son/daughter/ward from time to time on activities/excursions/sports and educational and cultural trips outside the premises of ELI Schools, I/we hereby undertake to indemnify ELI Schools, its staff, servants or agents against:

- a) any claims, damages or costs which they or any one of them may be or become liable to pay in consequence of any injury or damage to or illness of me/my/our said son/daughter/ward occurring during or as a result of said activities
- b) any claims by a third party which may be made against them or any of them in consequence of any act or default of me/my/our said son/daughter/ward during or as a result of said activities
- c) any other costs and expenses reasonably incurred by them or any of them on behalf of me/my/our said son/daughter/ward during or as a result of any of the said activities

Provided that the indemnity herein shall not extend to claims, damages, costs or expenses in respect of and to the extent to which the said LT Education Abroad Limited and member(s) of staff or any of them shall be entitled to be indemnified under any policy of insurance.

I understand that I/we should obtain independent legal advice before signing this document. I/We confirm having received independent legal advice or alternatively I/We are waiving my/our right to such advices.

Parent Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____

Witness can be any adult over 21 years of age.

Witness Signature: _____ Witness Occupation: _____

Witness Name: _____

