

# RENEWAL APPLICATION FORM



Are you an ELI student?  Yes  No

## PERSONAL INFORMATION (As in your passport). Please write using capital letters.

First Name/s: \_\_\_\_\_  
Family Name: \_\_\_\_\_  
Gender:  Male  Female Nationality: \_\_\_\_\_  
Date of Birth: (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport N<sup>o</sup>: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## COURSE BOOKING

General English  Morning  15 hours  Weeks: \_\_\_\_  
 IELTS preparation  Afternoon  20 hours  Academic Year (25 weeks)  
 Academic Year RN - 15 hours Afternoon (4 Day Week Grand Canal)  
 Academic Year RN - 15 hours Afternoon (4 Day Week Dame Street)

School:  ELI Dublin Dame Street  ELI Dublin Grand Canal  
 ELI Limerick  ELI Drogheda

Course start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
English level (entry/ starting A1 to C1): \_\_\_\_  
Exit exam:  TIE  IELTS (€100 extra)

## BOOKING AGREEMENT

I have read, understand and accept all application and payment terms and conditions outlined above and the ELI Schools brochure and/or website (as the deposit is not refundable) and agree to be bound therein. Agreement for all parent/guardians or legal representatives of students aged under 18 I am the parent or legal guardian of the above (minor) applicant. I have read, understand and accept all application and payment terms and conditions outlined above and the ELI Schools brochure and agree to be bound therein.

## 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 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.

I agree

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE ONLY

Agent: \_\_\_\_\_ Enrollment by: \_\_\_\_\_  
Sales channel: \_\_\_\_\_ Referral by: \_\_\_\_\_  
Type of Sale: Ind.: \_\_\_\_\_ Group: \_\_\_\_\_ Discount: \_\_\_\_\_  
Payments: \_\_\_\_\_ Extras sold: Acco: \_\_\_\_\_ Airport transfer: \_\_\_\_\_ Books: \_\_\_\_\_ Others: \_\_\_\_\_  
Total: \_\_\_\_\_ Next payments: \_\_\_\_\_