

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°: _____
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 Drogheda

Course start date: ____/____/____
English level (entry/ starting A1 to C1): ____
Exit exam: ☐ TIE ☐ IELTS (€115 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, cancellation&refund policy, proof of a minimum of 85% absenteeism from the previous course is required for the renewal.) 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: _____