

EARLY SUPERVISED STUDY - APPLICATION FORM (Term 2)

Student Name: _____ Year: _____

Phone numbers of Parent/Guardian:

Home _____ Mobile _____

Please tick if there is any day that will be regularly missed or on which study must be left early due to other commitments, e.g. sport etc.

	Mon	Tues	Wed	Thurs	Fri
Absent					
Leaving early (Indicate Time)					
Arriving late (Indicate Time)					

I have read the rules and conditions for after-school study which are on the school website and agree to abide by them.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____

I enclose a fee of € _____

(FEE MUST BE PAID IN FULL BEFORE 17th JANUARY – NO DEPOSITS WILL BE TAKEN & NO REFUNDS WILL BE GIVEN)

Note: We would like to make parents/guardians aware that there will be no supervised study on any half day or on days of Parent – Teacher meetings.