



ATLAS
LANGUAGE
SCHOOL

Portobello House, Portobello, Dublin 2, Ireland

BOOKING FORM

Ph: 00 353 1 4782845
e-mail: info@atlaslanguageschool.com
web: www.atlaslanguageschool.com

Personal Details

First Name:	Last Name:
Date of Birth:	
Gender:	
Nationality:	
Email:	
Passport Number*:	
Student's Mobile Number:	
Emergency Contact Number:	

Course Booking

Course name:	
Start date:	
Number of weeks:	
Estimated Level of English**:	

Flight Details

Arrival flight number:	
Arrival date:	
Arrival time:	
Departure flight number:	
Departure date:	Departure time:
Airport Transfer required?	
Arrival / Departure / Both?	

Accommodation

Accommodation required?	
Type of accommodation:	
Start date:	Number of weeks:
Special diet: Yes No	€20 Dietary supplement (e.g. gluten free)
Do you smoke?: Yes No	

Please note that accommodation is only guaranteed for the length of time you have booked and paid for initially.

Allergies, Medical Conditions and / or Additional Needs

Allergies, Medical Conditions and / or Additional Needs: Yes No

Please specify any existing allergies, intolerances, medical conditions and / or special educational needs by downloading and completing our **Medical & Special Educational Needs Form** on the second page.

Confirmation

I agree to the [Terms & Conditions](#) and the policies and guidelines stated in the [Student Handbook](#)

Additional Information

Medical Insurance required?*	
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- * Only for non-European citizen.
- ** Our classes start at an **Elementary level of English**. We **do not offer classes for beginners**. To check your level of English please visit www.atlaslanguageschool.com/online-placement-test/
- *** There is an additional €125 exam fee for non-EU Academic Year students. For further details please contact the school.

Bank Holidays 2018 (school closed): 19/03, 30/03, 02/04, 07/05, 04/06, 06/08, 29/10
Winter break: 24/12/2018 - 04/01/2019

Medical & Special Educational Needs Form



Student name: _____ **Date of birth:** _____

Agency (if applicable) _____

Allergies to food, medication, other:

Specific medical condition:

If any medication is currently being taken, provide the following information:

Name of medication:

Is the student/Are you able to administer medication independently? _____

Please specify below whether you/your son or daughter has a history of anaphylaxis (life threatening allergic reaction requiring an EpiPen). Bearing in mind anaphylaxis can occur without warning.

Does your child/Do you carry an EpiPen at all times? _____

In case of an emergency, please specify the course of action to be taken by Atlas staff or the host family:

Disabilities/Conditions that affect your/your child's learning:

Additional information for the host family, teacher or social programme staff:

Phone number of next of kin: _____

Would you like to speak to a member of staff in confidence? _____

I give permission to the host family or any member of Atlas staff to administer the required medication to help me/my son/daughter in case of an adverse reaction.

This information is confidential and will be dealt with on a need to know basis.

_____ (Signature of self or Parent/Guardian)