



Supervised Study Application Form

Student Details:

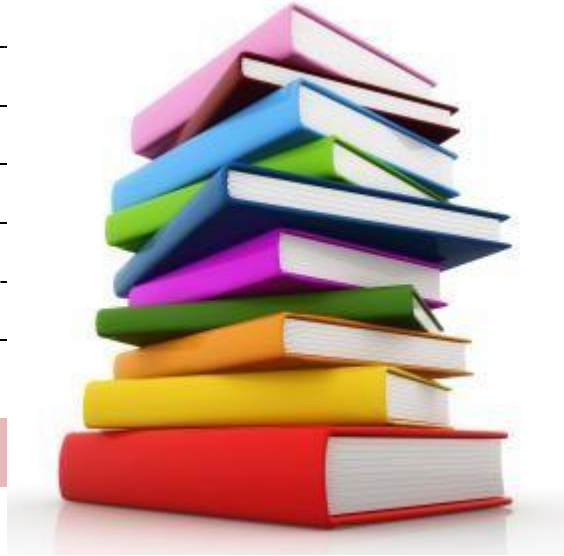
Student Name: _____

Home Address: _____

Home Phone No: _____

Student Mobile: _____

Year in School: _____



Guardian Details:

Mothers Name: _____

Mothers Mobile: _____

Fathers Name: _____

Fathers Mobile: _____

Main contact: _____

Relevant Medical Details:

Attendance:

In the event your son/daughter does not attend a booked study session, do you wish to be contacted? (We recommend that you select 'Yes' to this question to prevent absenteeism).

Yes No

Payment Details:

Please tick the appropriate box:

- | | | |
|---|-------------|--------------------------|
| 1. Single Session - Pay As You Go : | €10 | <input type="checkbox"/> |
| 2. *Single Term | | <input type="checkbox"/> |
| • Deposit required, offset against final sessions | | |
| • 10% discount offered for full payment upfront | | |
| 3. *All Terms | €306 | <input type="checkbox"/> |
| • Deposit required, offset against final sessions | | |
| • 10% discount offered for full payment upfront | | |

Payment Method:

Cash: Cheque:

*The cost of option 2 will depend on which term you are interested in. Please see calendar.

*Option 3 is inclusive of 10% discount. (Full price = €340)

Disclaimers:

I confirm that all details provided are correct.

I have read and understand the Dunhill Multi-Education Centre 'Rules and Regulations' regarding Saturday Supervised Study.

Guardian Signature: _____

Student Signature: _____

If you would prefer not to receive further contact from us, or would like further information, please don't hesitate to call us on 051 396 934.

For office use only:

Option chosen: 1 2 3

Payment method: Cash Cheque

Amount: _____

Received by: _____

Signature: _____

Dunhill Multi-Education Centre, Dunhill Ecopark, Dunhill, Co. Waterford.

T: 051-396934

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www.dunhilleducation.com

