

BRÚ NA PÁIRCE APPLICATION FORM
FRENCH LEAVING CERT HIGHER LEVEL



ORAL & AURAL FRENCH COURSE – WEEKEND OF 17TH & 18TH FEBRUARY 2024

For students doing their Leaving Cert in June 2024

1. STUDENT DETAILS

Student's Name _____

Date of Birth

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School _____

French 5th Year Grade _____ Please enter student's French grade achieved in their 5th Year Summer Exam.

Medical Conditions _____

Home Address:

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

County _____ Eircode _____

2. PARENT DETAILS

Mother's Name _____

Mobile No. _____

Father's Name _____

Mobile No. _____

Parent's email address (BLOCK CAPITALS)

3. ACCOMMODATION DETAILS

Please refer to www.brunapairce.ie for the Accommodation Listing & rules.

Landlady's Name _____

Landlady's Phone No. _____

4. COURSE FEE DETAILS

The course fee is €200 payable in full with application. Cancellations made on/before January 14th 2024 will receive a refund of €125 on the fee payment, i.e. forfeit an administration fee of €75. Cancellations made after January 14th forfeit the full fee.

5. PAYMENT – €200 FEE

PAYMENT OPTIONS: Tick as appropriate

Bank Transfer _____ Cheque _____ Bank Draft _____ Postal Order _____

Account details for Bank Transfer	
Account Name	Gan Aon Bru Teoranta
IBAN	IE73BOFI90583863564356
BIC	BOFIE2D

If making payment by way of Bank Transfer, please specify:

Date of Bank Transfer _____ / _____ / _____ Reference/Receiver Message You Entered _____

If making payment by way of Cheque, please make payable to Brú na Páirce.

6. PARENT & STUDENT SIGNATURE

- I have read all details and policies regarding the course on the Brú na Páirce website (<http://brunapairce.ie>) and agree to accept the term & conditions.
- I consent to Brú na Páirce using my personal details for processing this application.
- I consent to receiving commercial information regarding Brú na Páirce courses. I understand that I can remove my consent at any time and unsubscribe from communications by emailing riarbrunapairce@gmail.com.

Signed _____ (Parent)

Signed _____ (Student)

7. FORM RETURN

Please complete and post this form to the following address:

Fíona Ní Laocha – Brú na Páirce, PO Box 13545, Killarney, Co. Kerry.