



Redleaf House, Townspark, Longford, Co. Longford, Ireland  
Ph: 043 334 6832. E: info@gl.t.ie  
www.gl.t.ie

## Summer Programme 2019 Application form

Surname:.....

First Name:.....

Date of Birth: .....

Male  Female

Parents Names:.....

Address:.....

.....

Mother's Mobile No: .....

Father's Mobile No.:.....

Home no:.....

Participant's Mobile No:.....

Email:.....

Nationality.....

Mother's Occupation.....

Father's Occupation.....

Number of: Brothers:..... Ages:.....

Sisters:.....Ages:.....

How would you rate your personality?

Shy  Sociable  Independent  Adapts easily  Nervous

How would you rate your level of French/Spanish/German? Beginner  Intermediate  Good  Advanced

Any health/allergy/diet problem? Yes  No

If yes please specify: .....

Do you take any medication regularly?  Yes  No

If Yes, what kind and for what purpose? .....

Please state your Health Insurance/Company (if applicable)..... Policy No:.....

### Image use permission

I authorize GLT Languages and Tours to take, reproduce, and publish pictures, videos and records of my child.

YES  NO





Redleaf House, Townspark, Longford, Co. Longford, Ireland  
Ph: 043 334 6832. E: info@glt.ie  
www.glt.ie

**MEDICAL AUTHORISATION**

I, being parent or legal guardian of the above-named applicant do hereby appoint Global Languages and Tours Ltd, their Irish, French/German/Spanish Associates, or their host family to act on my behalf in authorizing emergency medical, dental, surgical or hospitalisation for the above-named applicant during the period of his/her stay.

Signed: ..... (Parent/legal Guardian)

**School Details:**

SCHOOL ATTENDING	
PRINCIPAL	
CLASS/ YEAR	

Dates of Tour: .....

Do you wish to share with a friend?  Name of friend: .....

Any other information we should give to the host family? .....

**PARENTAL CONSENT**

I agree to my son's/daughter's participation in the chosen programme and I accept all financial responsibility should my son/daughter ever have to be sent home for disciplinary reason. I accept without reservation the conditions stated on the GLT brochure.

Signed: ..... (Parent/Guardian)

**STUDENT AGREEMENT**

I will respect my host family and group leaders and participate in the programme to the best of my ability and agree to accept their judgment and decisions should the occasion arise. I accept without reservation the conditions stated on the GLT brochure.

Signed: ..... (Student)

Name of Language teacher: .....

School : .....

Language Teachers Signature: ..... Date: .....

**Checklist:** Complete this form and return the following documents:

- 1. One small passport photograph
- 2. Booking Deposit €300. Cancellation fee applies (see brochure)