



**ATLAS
LANGUAGE
SCHOOL**

Portobello House, Portobello, Dublin 2, Ireland

BOOKING FORM 2019

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?*	
* 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 €130 exam fee for <u>non-EU Academic Year students</u> . For further details please contact the school.	

Bank Holidays 2019 (school closed): 18/03, 19/04, 22/04, 06/05, 03/06, 05/08, 28/10

Winter break: 23/12/2019 - 03/01/2020

Medical & Special Educational Needs Form

Student	
First name of student	
Last name of student	

Next of kin / Emergency contact	
First name	
Last name	
Relationship to student	
Phone number	
Mobile phone number	
Email address	
Level of English	

Please read the following information carefully and tick (✓) ALL the relevant boxes on the left as shown in the example below:

<input checked="" type="checkbox"/>	Please tick (✓) the boxes on the left to indicate that you understand and agree to our terms. Please give additional details if and where required.
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I UNDERSTAND AND AGREE THAT:

	It is my responsibility to notify Atlas Language School of any sickness, disability, allergy, mental health issue, special educational need, or any other relevant medical information relating to me. I must provide an up to date medical form at the time of booking and inform the school of any changes.
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MEDICAL DETAILS

1. Do you have any allergies (e.g. pets, food, medication, etc.)?	
YES	NO
If yes, please list allergies:	
2. Do you have any medical condition or illness that requires medical treatment?	
YES	NO
If yes, please specify medical condition in detail:	

3. Are you taking any medication at present?	
YES	NO
If yes, please provide the name(s) of the medication:	
If yes, can you take/administer the medication yourself or do you need assistance? YES NO	
4. Do you have a history of anaphylaxis (life threatening allergic reaction requiring an EpiPen (adrenaline autoinjector))?	
YES	NO
If yes, so do you carry an EpiPen (adrenaline autoinjector)? YES NO	
5. Can you be given over-the-counter medicine (e.g. paracetamol, cough medicine)?	
YES	NO
6. I agree that in the case of illness I should be attended by a doctor or hospitalised or operated in an emergency, and may be given medication according to a qualified doctor's advice.	
YES	NO
If required, please specify which actions Atlas staff or the host family should take in a case of emergency:	
7. Do you have any special educational needs or conditions that affect your learning?	
YES	NO
If yes, please specify in detail:	
8. Are there any additional relevant requests or information about your health and learning that Atlas staff should know?	
YES	NO
If yes, please specify in detail:	
9. Would you like to speak to a member of staff in confidence upon arrival at the school?	
YES	NO

Please sign below and return immediately.

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

I have read and understood the above information.

Signature of self: _____

Date: _____