

Dublin Teenager Programme

Please complete this form in CAPITALS and send with a deposit of €500. This form must be completed and signed by a parent.



Enrolment and parental consent form

Student Details					
Family Name: Given & Other Names:					
Date of Birth: Male Female Student's mobile number: Nationality:	_				
First language: If you are applying for a visa , please send us a copy of your passport.					
I wish to book: Teenager Homestay Programme DTH Teenager Day School Programme Number of weeks:	_				
Arrival Date (Sunday-Homestay / Monday- Day School): Departure Date (Saturday):					
I would also like to book an online course before coming to Dublin. ☐ Jump into English Online Teenager JOT					
Start date: Finish date: Number of weeks:					
Estimated Level: A1-Beginner A2-Elementary B1-Intermediate B2-Upper Intermediate C1-Advanced					
How did you hear about Frances King? ☐ I studied at Frances King before: (if so, when?) ☐ A friend/relative ☐ I saw the scho	ol				
Frances King website Other website ACELS MEI Social Media Local Educational Advisor: Name	_				
Parent/Guardian details (emergency contact number 1)					
Name: Relationship to child:					
Address:					
Email: Telephone:					
Mobile: Level of English: ☐ Zero ☐ A little ☐ OK ☐ Good ☐ Excelled	ent				
Parent/Guardian details (emergency contact number 2 in case the first one if not available).					
Name: Relationship to child:					
Address:	_				
Email: Telephone:	_				
Mobile: Level of English: Zero A little OK Good Excelle	 ent				
Medical Information					
Students are accepted on the understanding that they are in good health. If we are not told in advance about a physical or medical condition we reserve the right to exclude students from the course. Please answer ALL QUESTIONS so that we can process your enrolment.					
European Health Insurance Card Number (EU students only)*: *Please make sure your child travels with his/her European Health Insurance card.					
Does your child take any regular medication which he/she will bring with him/her?					
If yes, please give details:	_				
Will your child bring any other medication?					
Does your child suffer from any serious illnesses, allergies or behavioural problems? (e.g. asthma, diabetes, epilepsy, nut allergy, panic attacks, etc.) Yes No					
If yes, please give details:	_				
In the case of minor pain or illness, such as headaches, mild cold or sore throat, do you agree to your child being given non-prescription medicine such as paracetamol, cough medicine, throat pastilles, anti-histamines, travel sickness tablets?					
If no, please explain your reason:	_				
In case of a medical emergency, every effort will be made to contact you, the child's parents/guardians, as quickly as possible. If your child needs an emergency operation, do you give permission for the Course Director to sign the necessary consent form?					
Does you child have any allergy?					
Additional Information regarding the above:	_				
Is your child allergic to:					
Is there any other information we need to ensure the health and well-being of your child? This information will be treated as confidential.					
If yes, please give details:					





_ (Day / Month / Year)

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I understand my child will walk or take the train to and from their host family to the school in Dalkey. The host family will bring the student to the school on the first morning of their programme showing them the best route to the campus. Students will also socialise in Dalkey village with other students during their free time. They are not supervised during this time but a member of Frances King staff will be available at all times for students to contact. Please tick to indicate that you have read and understand the above						
Transfer arrangements for Homestay Students						
All students must be accompanied to and from the centre upon arrival and departure. Proof of transfer arrangements is required for visa applications.						
☐ My child is travelling with or being met on arrival by an adult of 21 or over who will bring him/her to the campus at (time) on (date)						
Accompanyi	ng Adult Name:	Contac	t number:	Relationship to the student:		
☐ My child v	vill be picked up from the campus on de	parture by an adult of 21 or	r over at (time)	on (date)		
Accompanyi	ng Adult Name:	Contac	t number:	Relationship to the student:		
My child requires a standard transfer (FK staff will be at the airport to meet their flight and can sign unaccompanied minor forms for airline if required, but will not travel in the car to/from host): Single OR Teturn from Dublin Airport My child requires a chaperoned transfer (your child will be accompanied by FK staff at all times, including in the car to/from host): Single OR Teturn from Dublin Airport						
Flight detai	ils for Homestay Students					
Arrival Date:	Landing	Time:	Departure Date:	Departure Time:		
Flight Number	er: Departing From:		Flight Number:	Departing From:		
Arriving at:_	Terminal:		Terminal:	Arriving at:		
Is your child registered with the airline as an Unaccompanied Minor? Yes						
- Students who do not need a visa to study must pay the deposit of €500 and the remaining fees 45 days before arrival. Payment: □€500 Deposit □ Payment in full of € □ By: □ Credit card online at https://secure.francesking.com/payment-dublin □ I will send a card authorisation form (please ask us for the form) □ International Bank Transfer Our bank account details are: Frances King School of English (Ireland) Ltd, Bank of Ireland, Lower Baggot Street, PO Box 3131, Dublin 2. Bank sort code: 90-14-90 Account number: 62783119 IBAN BIC Number (SWIFT): BOFIIE2D IBAN NUMBER: IE18 BOFI 9014 9062 7831 19 Frances King is not responsible for your bank transfer charges. Please send a copy of the bank transfer with your enrolment form. Please make certain that the student's name appears clearly on the bank transfer.						
Photo/film agreement						
I agree that my child may be photographed or filmed by Frances King Staff and the photographs and videos can be used in Frances King publicity (online and hard copy) and social media sites or for pedagogical purposes. Yes No						
Declaration	- must be completed by a parent					
I confirm that the above details are correct and complete. I have read and understood "Dublin Teenager Programme – Enrolment Details, Terms and Conditions 2023" as well as "DTP Manual for Parents and Students" and agree to the terms and conditions.						
Full name in	Full name in capital letters: Relationship to student:					

@ Frances King School of English. Frances King School of English, 26 Merrion Square, Dublin 2, Ireland.

Date: _