



# Castlerea Community School

## Evening Study Registration Form 2016 - 2017

Student's Name: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Payment Options:

Please tick payment type:

Term 1: 12<sup>th</sup> Sept – 22<sup>nd</sup> Dec 2016 Cost €140

Term 2: 9<sup>th</sup> Jan - 7<sup>th</sup> April 2017 Cost €120

Term 3: 24<sup>th</sup> April – 2<sup>nd</sup> June 2017 Cost €60

Terms 1, 2 and 3: 12<sup>th</sup> Sept – 2<sup>nd</sup> June 2017 Cost €280

### Permission:

I \_\_\_\_\_ (Parent / Guardian) grant permission for  
\_\_\_\_\_ (Name of Child) to attend Evening Study at Castlerea Community  
School. I agree to contact the school (note in homework journal / phone message) in the  
event that my child / charge is unable to attend evening study.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian)

I \_\_\_\_\_, as a registered student of Castlerea Community School  
Evening Study Programme agree to abide by the programme rules and regulations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student Name)