



# Annalivia School of Languages

## Summer School 2009

**Booking form to be completed and returned to Fachlehrerkreis Aachen, St. Johann 16, 52066 Aachen, E-Mail: [flk@fachlehrerkreis.de](mailto:flk@fachlehrerkreis.de), Fax: 0241 / 44 508 62 in 2 copies with 2 photos.**

### PERSONAL DETAILS

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male:  Female:   
Parents Name: \_\_\_\_\_ Emergency number \_\_\_\_\_  
Address: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_  
Home Tel: (+\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_ Do you allow your child to smoke? Yes  No

### COURSE DETAILS

I wish to book a place on course: Residential Campus  Residential 4\* Hotel  Homestay /Host family   
Start date: : \_\_\_\_/\_\_\_\_/\_\_\_\_ Finish Date: : \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of weeks: \_\_\_\_\_  
Course Fee: €

### Travel and Transfer Details

Date of Arrival: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_ Flight Number \_\_\_\_\_ From: \_\_\_\_\_  
Date of Dept.: \_\_\_\_\_ Time of Dept.: \_\_\_\_\_ Flight Number \_\_\_\_\_ To: \_\_\_\_\_  
Airport Transfer on Arrival: Yes  No   
Airport Transfer on Dept.: Yes  No

### Student Information :

Do you allow your child to go out in the evening? Yes  No

☞ Parents 'Signature' \_\_\_\_\_

Unaccompanied evening outings are not allowed after 21.30

### Sports & Hobbies :

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**I, THE UNDERSIGNED, AUTHORISE ANNALIVIA SCHOOL TO, IN CASE OF EMERGENCY, TAKE ANY NECESSARY MEDICAL OR SURGICAL ACTION – INCLUDING GENERAL ANESTHETIC**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### COSTS

Course Fee: €   
Airport Transfer Fee: €   
Total Fee: €

### PAYMENT

A deposit of 20% on total fees is required in order to secure a place on a course. Payments may be made either by cheque, made out to Annalivia School Ltd. or by Credit Transfer Annalivia School, Bank of Ireland, Westland Row, Dublin 2 A/c Number 56025493, Sort Code 90 13 78 Swift code: BOFIIIE2DIBAN: IE06 BOFI 9013 7856 0254 93. The balance must be paid, as per invoice, at least 4 weeks prior to the start date of the course.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_