

SPORTS, ARTS & FRENCH

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Enrolment on a First come-First served basis
ARIELLE - 086 305 7747 WhatsApp only
enquiry@livinglanguage.ie

SPORTING ACTIVITIES → **FREE!**



**Bubble-Football, Judo
 Canoeing, Viking Splash
 Cycling, Tennis, GAA
 Excursions etc.**

Wed 29 JUNE — Wed 13 JULY

So, how does it work?...



You attend morning French classes, while

the French student, **boy/girl 13-15, 16-17**, whom you welcome in your home for 2 weeks attends morning English classes.
(Without hosting, programme @ €300/week)

FRENCH TUITION → **FREE!**



Native French teachers work on **aural & oral [pronunciation, elocution, accent]** organising debates, news bulletins, short

stories, interviews, presentations, treasure hunts, role-plays etc. through French in a relaxed and enjoyable atmosphere. Sporting and cultural activities are **shared with the French students**. An asset for your oral exams.

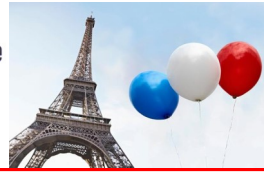


Application Form to be sent to **102 Pembroke Road, D04 E7N6** or to **enquiry@livinglanguage.ie**—Spanish/German available

An **Information Meeting** for parents & students will be held



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FICHE D'INSCRIPTION APPLICATION FORM

DUBLIN BILINGUAL SUMMER CAMP 2022

NOM
 NAME:

**CAPITALES
 SVP
 BLOCK LETTERS
 PLEASE**

ARIELLE

No. Received

PRÉNOM
 CHRIST. NAME:

DATE DE NAISSANCE

DATE OF BIRTH: ____ / ____ / ____ AGE: ____ SEX(E): **F** **M**

ADRESSE COMPLÈTE

FULL ADDRESS: _____

VILLE TOWN: _____ C. postal P. code

PÈRE (dom.)

FATHER (h) _____ (____) _____

MÈRE (dom.)

MOTHER (h) _____ (____) _____

_____ @ _____ Student's _____

EN CAS D'URGENCE

EMERGENCY CONTACT: _____ (Relation) _____

PROFESSION DES PARENTS : PÈRE

PARENTS' PROFESSION: FATHER: _____ MÈRE MOTHER: _____

N°. DE : SŒURS

Nbr. OF: SISTERS: _____ AGE: _____ FRÈRES BROTHERS: _____ AGE: _____

ÉTABLISS.

SCHOOL: _____ PROF. DE FRANÇAIS FRENCH TEACHER: _____ CLASSE SCH. YR.: _____

CARACTÈRE

PERSONALITY: EXTRAVERTI OUTGOING SOCIABLE ARTISTIQUE ARTISTIC RÉSERVÉ QUIET SPORTIF SPORTY

Raison de ton inscription

Why are you applying? _____ Centres d'intérêt HOBBIES: _____

SOINS SPÉCIAUX/ALLERGIE/RÉG. ALIMENTAIRE

ANY HEALTH PROBLEM/ALLERGY/DIET: _____

Disposes-tu d'une chambre séparée?

Have you an extra bed-room? _____

FRANÇAIS: Bon Moyen Faible
 FRENCH: Good Average Weak

Parlé Spoken

Écrit Written

Venue:
**SAINT CONLETH'S
 COLLEGE—D04 FT98**

Classes and Activities are free
 when hosting a student

For coach transfers to external activities, a small nominal fee will be requested

"My child can partake in physical sporting activities and does so under my responsibility. In case of accident/illness of my child, I authorise Living Language to make all the necessary emergency medical arrangements."

"My child can swim 50m": No Yes

PARENT'S SIGNATURE:

DATE: ____ / ____ / 20 ____

