

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

SPORTING ACTIVITIES ➔ **FREE !**



Bubble-Football, Judo, Canoeing, Wall-climbing, Cycling, Tennis, GAA, Excursions etc.

27 JUNE — 11 JULY 2020

So, how does it work?...



You attend morning German classes, while

the German student, boy/girl 13 - 16, whom you welcome in your home for 2 weeks attends morning English classes.

(Without hosting, programme @ €380/week)

GERMAN TUITION ➔ **FREE !**



Native German teachers work on **aural & oral [pronunciation, elocution, accent]** organising debates, interviews, role-plays,

news bulletins, short stories, presentations, treasure hunts etc. through German, in a relaxed and enjoyable atmosphere. Sporting and cultural activities are **shared with the German students:**



An Asset for your oral exams.

Application Form to be sent to **102 Pembroke Road, D4** or to **enquiry@livinglanguage.ie** (French/Spanish available)
An **Information Meeting** for parents & students will be held.

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REGISTRIERUNGSDATEI
APPLICATION FORM
DUBLIN BILINGUAL SUMMER CAMP 2020

NAME:
VORNAME:

GROSSBUCHSTABEN
BITTE
BLOCK LETTERS
PLEASE

ARIELLE
No. _____
Received

CHRIST. NAME:
GEBURTSDATUM:

DATE OF BIRTH: ____ / ____ / ____ **ALTER AGE:** ____ **Geschlecht Sex:** **F M**

ADRESSE FULL ADDRESS: _____

_____ **STADT TOWN:** _____

VATER (Haus) _____ **FATHER (h)** _____ **MUTTER (Haus)** _____

MOTHER (h) _____

BLOCK LETTERS
_____ Schüler-Student's _____

IM NOTFALL (Verwandte)
EMERGENCY CONTACT: _____ (Relation) _____

ELTERNBERUF: VATER MUTTER
PARENTS' PROFESSION: FATHER: _____ MOTHER: _____

Zahl der SCHWESTERN ALTER BRÜDER ALTER
Nbr. OF: SISTERS: _____ AGE: _____ BROTHERS: _____ AGE: _____

Besuchte Schule Lehrer für Deutsch Schuljahr
SCHOOL: _____ German Teacher: _____ Sch. Yr.: _____

PERSÖNLICHKEIT ABGEHEND KONTAKTFREUDIG KÜNSTLERISCHER SCHEUER SPORTLICH
PERSONALITY: OUTGOING SOCIABLE ARTISTIC QUIET SPORTY

Gründe für deine Anmeldung
Why are you applying? _____ HOBBIES _____

GESUNDHEITS/ALLERGIE/ERNÄHRUNGSPROBLEME
ANY HEALTH PROBLEM/ALLERGY/DIET: _____

Hast du einen separaten Schlafraum?
Do you avail of an extra bed-room? _____

Deutsch: Zehr Gut Gut Schwach
German: Good Average Weak

Spricht Spoken

Schriftlich Written

Venue:
SAINT CONLETH'S COLLEGE—D4
Classes and Activities are free. For coach transfers to external activities, €100 are required **on enrolment** (non-refundable).

"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 ____

1 aktuelle PASSFOTO
Bitte
Name at the back Namen auf der Rückseite
Irischer Student

