

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, Wall-climbing, Cycling, Tennis, GAA, Excursions etc.

27 JUNE — 11 JULY 2020

So, how does it work?...

You attend morning Spanish classes, while



the Spanish student, **boy/girl 13-15, 16-17, whom you welcome** in your home for 2 weeks attends morning English classes. **(Without hosting, programme @ €380/week)**

SPANISH TUITION ➔ FREE !



Native Spanish teachers work on **aural & oral [pronunciation, elocution, accent]** organising debates, news bulletins, short stories, interviews, presentations, role-plays, treasure hunts, etc. through

Spanish in a relaxed and enjoyable atmosphere. Sporting and cultural activities are **shared with the Spanish students.** An asset for the ORAL exams.



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



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FICHA DE INSCRIPCIÓN

APPLICATION FORM DUBLIN BILINGUAL SUMMER CAMP 2020



Estudiante irlandés/a

APELLIDOS
NAME:

BLOCK LETTERS PLEASE

Arielle

No Received

NOMBRE

CHRIST. NAME:

FECHA DE NACIMIENTO

DATE OF BIRTH: / /

AGE: _____

EDAD

SEX: _____

F

M

DIRECCIÓN

FULL ADDRESS: _____

CIUDAD

TOWN: _____

PADRE (dom.)

(trab.)



FATHER (h) _____



MADRE (dom.)

(trab.)



MOTHER (h) _____



BLOCK LETTERS

Student's

EN CASO DE URGENCIA

EMERGENCY CONTACT: _____

(Relation) _____



PROFESIÓN DE LOS PADRES: PADRE

MADRE

PARENTS' PROFESSION: FATHER: _____

MOTHER: _____

Nº. DE: HERMANAS

EDAD

HERMANOS

EDAD

NO. OF: SISTERS: _____

AGE: _____

BROTHERS: _____

AGE: _____

COLEGIO.

PROF. DE ESPAÑOL

CURSO

SCHOOL: _____

SPANISH TEACHER: _____

SCH. YR.: _____

PERSONALIDAD

ABIERTO

ARTISTA

RESERVADO

DEPORTISTA

PERSONALITY:

OUTGOING

SOCIABLE

ARTISTIC

QUIET

SPORTY

¿Por qué quieres participar?

Why are you applying? _____

AFICIONES

HOBBIES: _____

CUIDADOS ESPECIALES/ALERGIAS/RÉG. ALIMENTICIO

ANY HEALTH PROBLEM/ALLERGY/DIET: _____

¿Ha una habitación separada?

Do you avail of an extra bedroom: _____

ESPAÑOL

Bien

Regular

Flojo

SPANISH:

Good

Average

Weak

Habla Spoken

Escribe 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_____