

**Personal Details**

First Name:	Last Name:
Date of Birth:	
Gender:	
Nationality:	
Email:	
Passport Number*:	
Student's Mobile Number:	
Emergency Contact Number:	

**Course Booking**

Course name:	
Start date:	
Number of weeks:	
Estimated Level of English**:	

**Flight Details**

Arrival flight number:	
Arrival date:	
Arrival time:	
Departure flight number:	
Departure date:	Departure time:
Airport Transfer required? Arrival / Departure / Both?	

**Accommodation**

Accommodation required?	
Type of accommodation:	
Start date:	Number of weeks:
Special diet: Yes    No	€20 Dietary supplement (e.g. gluten free)
Do you smoke?: Yes    No	

Please note that accommodation is only guaranteed for the length of time you have booked and paid for initially.

**Allergies, Medical Conditions and / or Additional Needs**

Allergies, Medical Conditions and / or Additional Needs: Yes    No
Please specify any existing allergies, intolerances, medical conditions and / or special educational needs by downloading and completing our <b>Medical &amp; Special Educational Needs Form</b> on the second page.

**Confirmation**

I agree to the [Terms & Conditions](#) and the policies and guidelines stated in the [Student Handbook](#)

**Additional Information**

Medical Insurance required?*	
* Only for non-European citizen.	
** Our classes start at an <b>Elementary level of English</b> . We <b>do not offer classes for beginners</b> . To check your level of English please visit <a href="http://www.atlaslanguageschool.com/online-placement-test/">www.atlaslanguageschool.com/online-placement-test/</a>	
*** There is an additional €140 exam fee for <u>non-EU Academic Year students</u> . For further details please contact the school.	

**Bank Holidays 2021 (school closed):** 17/03, 02/04, 05/04, 03/05, 07/06, 02/08, 25/10

**Winter break:** 20/12/2021- 31/12/2021

## Medical & Special Educational Needs Form

Student	
First name of student	
Last name of student	

Next of kin / Emergency contact	
First name	
Last name	
Relationship to student	
Phone number	
Mobile phone number	
Email address	
Level of English	

**Please read the following information carefully and tick (✓) ALL the relevant boxes on the left as shown in the example below:**

<input checked="" type="checkbox"/>	Please tick (✓) the boxes on the left to indicate that you understand and agree to our terms. Please give additional details if and where required.
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**I UNDERSTAND AND AGREE THAT:**

	It is my responsibility to notify Atlas Language School of any sickness, disability, allergy, mental health issue, special educational need, or any other relevant medical information relating to me. I must provide an up to date medical form at the time of booking and inform the school of any changes.
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**MEDICAL DETAILS**

<b>1. Do you have any allergies (e.g. pets, food, medication, etc.)?</b>	
<b>YES</b>	<b>NO</b>
If yes, please list allergies:	
<b>2. Do you have any medical condition or illness that requires medical treatment?</b>	
<b>YES</b>	<b>NO</b>
If yes, please specify medical condition in detail:	

<b>3. Are you taking any medication at present?</b>	
<b>YES</b>	<b>NO</b>
If yes, please provide the name(s) of the medication:	
If yes, can you take/administer the medication yourself or do you need assistance? <b>YES</b> <b>NO</b>	
<b>4. Do you have a history of anaphylaxis (life threatening allergic reaction requiring an EpiPen (adrenaline autoinjector))?</b>	
<b>YES</b>	<b>NO</b>
If yes, so do you carry an EpiPen (adrenaline autoinjector)? <b>YES</b> <b>NO</b>	
<b>5. Can you be given over-the-counter medicine (e.g. paracetamol, cough medicine)?</b>	
<b>YES</b>	<b>NO</b>
<b>6. I agree that in the case of illness I should be attended by a doctor or hospitalised or operated in an emergency, and may be given medication according to a qualified doctor's advice.</b>	
<b>YES</b>	<b>NO</b>
If required, please specify which actions Atlas staff or the host family should take in a case of emergency:	
<b>7. Do you have any special educational needs or conditions that affect your learning?</b>	
<b>YES</b>	<b>NO</b>
If yes, please specify in detail:	
<b>8. Are there any additional relevant requests or information about your health and learning that Atlas staff should know?</b>	
<b>YES</b>	<b>NO</b>
If yes, please specify in detail:	
<b>9. Would you like to speak to a member of staff in confidence upon arrival at the school about your health condition or your special educational needs ?</b>	
<b>YES</b>	<b>NO</b>

Please sign below and return immediately.

This information is confidential and will be dealt with with utmost care on a need to know basis.

**I have read and understood the above information.**

Signature of self: \_\_\_\_\_

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