**Easter Intensive Revision Week**

**Office Use Only**

Paid:

Date Paid:

Auth Code:

Date Ack:

Date

**Tuesday 14th April – Friday 17th April 2020**

**BOOKING FORM**

(Please complete in full in block capitals)

Full Name

Home Address

Parent / Guardian

Telephone Number(s)

Parent / Guardian

E-mail address

School

Examination

Amount of fees enclosed

Where did you hear about us?

Do you have any medical condition that may impact on your education?

**Yes No ** If yes, please specify:

Subjects you intend taking at the Limerick Tutorial College:

|  |  |  |
| --- | --- | --- |
| Subject | Higher or Ordinary Level | Time |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

Fees non-refundable and non-transferable No Allowance for Absenteeism

Timetable subject to change

Please return Booking Form to: The Administrator, Limerick Tutorial College, 12-14 The Crescent, Limerick

Please tick this box if you would like to be contacted in the future