

AFTER SCHOOL VOLUNTARY SERVICES / ACTIVITIES AT FRANCISCAN COLLEGE GORMANSTON

In addition to the provision of both 5 and 7 day boarding for the academic year **2014 – 2015 Day Students**, in line with our Admissions policy, “*may avail of services and facilities that form part of our boarding provision*”. If you wish your son/daughter to avail of any of these services and facilities you should fill in this form. There are **no tuition fees** in the College but there **are charges associated with these voluntary packages**. There is **no obligation** on any student to partake of any of these packages nor is there any obligation on the College to **automatically** admit any student to these packages. **The College reserve the right to remove the provision of these services and facilities** to any student whose behaviour is such as to endanger the safety of themselves or others or who cause unacceptable disruption to the operation of the provision of these services and facilities.

STUDENT NAME: _____ **YEAR 2014/15:** _____

I would like to apply for the above named student to avail of the voluntary service/s listed below.
Please place an X in the box next to the voluntary package of your choice and return to College.

	Cost Per Day	Cost per academic year	<input checked="" type="checkbox"/> ↓	Amount
Lunch	€ 5.00	€ 825	<input type="checkbox"/> ⇒	<input type="text"/>
Evening Meal (5.00 pm – 6.00 pm) <i>(This includes Use of facilities 4pm - 5pm)</i>	€ 6.00	€990	<input type="checkbox"/> ⇒	<input type="text"/>
Supervised Evening Study (1): 6.00 pm – 7.30 pm <i>(This includes use of facilities 4pm-5pm)</i> If you wish your child to have an evening meal please place an X in the ‘Evening Meal’ option also.	€ 3.00	€ 495	<input type="checkbox"/> ⇒	<input type="text"/>
Supervised Evening Study (2): 8.00 pm – 9.30 pm	€ 3.00	€ 495	<input type="checkbox"/> ⇒	<input type="text"/>

TOTAL COST OF OPTION/S

If your child has any special dietary requirements please inform the College in advance and we will do our utmost to facilitate you.

The provision of these packages is **dependent on the payment of the associated charge in advance.**

Please indicate the method of payment you would prefer to use.

Annual Charge Term Charge Monthly Direct Debit

I have read and agree to the terms outlined above.

Signed by Parent/Guardian: _____ **Date:** _____