

Integration 21st Century International Summer School

Croatia

Email to: applications@integraton21.hr
Apply online: www.integration21.hr
For advice call: +385 (23) 264 085

Important Information

- (1) If you fill out this form by hand, please write in printed CAPITAL LETTERS and use black ink only
- (2) Note: if you are under 18 years of age, the form must be signed by a parent or legal guardian
- (3) If you have any questions about your application please do not hesitate to call or email us

SUMMER SCHOOL COURSES FOR AGES 15-19 IB PreDP & DP

1.1 Your Dates •Please choose when would	you like to come					
04/08-11/08						
1.2 Course Options •For each week that you are	studying with us, y	ou should	d choose Pro	ogramme from the opt	tions below:	
<u>Programme</u>	Week 1	We	eek 2	Week 3		
•Academic English						
•TOK						
•Maths						
•Business						
•Custom IB course 1						
•Custom IB course 2						
				'		
2. Visa Requirements Our School is able to help its students obtain Visas to enter Croatia for their stay. If you require assistance please tick the box below and we will be in contact with you soon.		3. Transfer Details Our School offers a transfer service from and to Split Airport Kastela/ Zadar Airport on Sundays For more information on transfers please follow links on Useful Information website page.				
Visa Assistance Required			Transfer required			
4. Included in your cou		on				

Accommodation, Full Morning/ Afternoon Tuition, Sport Activities, All Study Materials/ Equipment, Full Board, Full Day Supervision, Evening Indoor Social Events and Graduation, Airport Transfer

Student Information and Contact Details

1. STUDENT INFORMATION	
Student First Name: Stu	dent Family Name:
	nder: M F Nationality:
Native Language:	
Have you attended our Summer School Course before?	Yes No
Student Mobile Telephone Number: Wil	this number be in use during the programme? Yes No
Medical Information and Requirements:	
Dietary Information and Requirements:	
2. CONTACT INFORMATION (Parent/ Legal Guardian) - These details w	Il be used as the primary method of contact with you during application
Contact Person: Re	lationship to Student:
Contact Email Address:	
Contact Telephone Number 1: Co	ntact Telephone Number 2:
Home Address:	
City: Country:	Postcode:
3. EMERGENCY CONTACT INFORMATION (IF DIFFERENT FROM AB	OVE) - To be used as an emergency contact during the course
Contact Person: Re	ationship to Student:
Contact Email Address:	
Contact Telephone Number 1: Co	ntact Telephone Number 2:
4. EDUCATION - Please give details of your current school or college	
	dress:
	dress:Postcode:
Name of School: Add City: Country:	
Name of School: Add City: Country: 5. PAYMENT	Postcode:
Name of School: Add City: Country: 5. PAYMENT 5.1 Payment Structure (tick one)	Postcode: Payment by Bank Transfer
Name of School:	Postcode:
Name of School: Add City: Country: 5. PAYMENT 5.1 Payment Structure (tick one) Option 1: Pay €850 deposit now, balance later Option 2: Pay full fees now	Postcode: Payment by Bank Transfer
Name of School:	Payment by Bank Transfer Please transfer the payment into the following bank account:
Name of School: Add City: Country: 5. PAYMENT 5.1 Payment Structure (tick one) Option 1: Pay €850 deposit now, balance later Option 2: Pay full fees now Please note that full payment must reach us no later	Payment by Bank Transfer Please transfer the payment into the following bank account: IBAN: HR392484008110361317
Name of School:	Payment by Bank Transfer Please transfer the payment into the following bank account: IBAN: HR392484008110361317 Bank Name: Raiffeisen BANK Austria Bank Address: Ulica bana Josipa
Name of School:	Payment by Bank Transfer Please transfer the payment into the following bank account: IBAN: HR392484008110361317 Bank Name: Raiffeisen BANK Austria Bank Address: Ulica bana Josipa Jelačića 1
Name of School:	Payment by Bank Transfer Please transfer the payment into the following bank account: IBAN: HR392484008110361317 Bank Name: Raiffeisen BANK Austria Bank Address: Ulica bana Josipa Jelačića 1 Zadar, Croatia
Name of School:	Payment by Bank Transfer Please transfer the payment into the following bank account: IBAN: HR392484008110361317 Bank Name: Raiffeisen BANK Austria Bank Address: Ulica bana Josipa Jelačića 1 Zadar, Croatia Account Name: INTEGRACIJA XXI VIJEK Account Number: 1103613170 Sort Code: 2484008
Name of School:	Payment by Bank Transfer Please transfer the payment into the following bank account: IBAN: HR392484008110361317 Bank Name: Raiffeisen BANK Austria Bank Address: Ulica bana Josipa Jelačića 1 Zadar, Croatia Account Name: INTEGRACIJA XXI VIJEK Account Number: 1103613170 Sort Code: 2484008 Swift Code: RZBHHR2X
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