



## Integration 21st Century International Summer School

Croatia

Email to: <a href="mailto:applications@integraton21.hr">apply online: <a href="mailto:www.integration21.hr">www.integration21.hr</a>
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) If you have any questions about your application please do not hesitate to call or email us

## **SUMMER SCHOOL COURSES FOR PARENTS**

1.1 Your Dates •Please choose when would you like to come:					
21/07-28/07	28/07-04/0	8 04/08-	-11/08	08-18/08	
1.2 Course Options •For each week that you are studying with us, if you wish to have a programme please choose below:					
<u>Programme</u>	Week 1	Week 2	Week 3	Week 4	
•English					
•WaterSports					
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.		Our Scl to Split the cou please	3. Transfer Details Our School offers a transfer service from and to Split Airport Kastela on the start/end day of the course. For more information on transfers please follow links on Useful Information website page.		
Visa Assistance Required		Transfe	Transfer required		
4. Insurance It is important that you have Travel Insurance organised before you begin your course. You can find details of how to take out a policy on Useful Information website page.		Accomr Tuition, Material day), Su	5. Included in your course fee Accommodation, Full Morning/ Afternoon Tuition, Afternoon Sport Activities, All Study Materials/ Equipment, Full Board (5 times per day), Supervision, Evening Social Events and Graduation, Airport Transfers		

## **Parent Information and Contact Details**

1. CONTACT INFORMATION			
Student First Name:	dent Family Name:		
Date of Birth:(DD)(MM)(YYYY)	Gender: M F Nationality:		
Native Language:			
Have you attended our Summer School Course before?	Yes No		
Contact Email Address:			
Mobile Telephone Number:	ill this number be in use during the programme? Yes No		
Medical Information and Requirements:			
Dietary Information and Requirements:			
Home Address:			
City: Country:	Postcode:		
2. EMERGENCY CONTACT INFORMATION - To be used as an em	ergency contact during the course		
Contact Person:	elationship to Student:		
Contact Email Address:			
Contact Telephone Number 1:	Contact Telephone Number 2:		
3. CHILDREN - Please give full name/s of your child/children you ad	company		
Name of Child 1:	Name of Child 2:		
Name of Child 3:	Name of Child 4:		
5. PAYMENT			
5.1 Payment Structure (tick one)	Payment by Bank Transfer		
<b>Option 1</b> : Pay €595/€1195 deposit now, balance later	Please transfer the payment into the following bank account:		
Option 2: Pay full fees now	IDAN IIDaaa taaa taaa taaa taaa taaa taaa ta		
Please note that full payment must reach us no later	IBAN: <b>HR3924840081103613170</b>		
than 45 days before the start of the course	Bank Name: Raiffeisen BANK Austria		
	Bank Address: <b>Ulica bana Josipa</b> <b>Jelačića 1</b>		
	Zadar, Croatia		
	Account Name: INTEGRACIJA XXI VIJEK		
	Account Number: 1103613170		
We would like to contact you with updates and informatio	Sort Code: 2484008		
regarding other courses, products and services from Integration 21st Century. If you would prefer not to receive	Swift Code: RZBHHR2X		
these updates, please tick the box on the left	***Please mark the payment with your name***		
I accept the Integration 21st Century's Terms & Condition	<u> </u>		
and Rules & Regulations for Summer Programmes and	5		
Privacy Policy (all of which you can find at <a href="http://integration21.hr/en/terms-and-conditions">http://integration21.hr/en/terms-and-conditions</a> )			
	<u></u>		
Parent Signature:			