

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) If you have any questions about your application please do not hesitate to call or email us

SUMMER SCHOOL COURSES FOR PARENTS

Full Board, Full Day Supervision, Evening Indoor Social Events and Graduation, Airport Transfer

1.1 Your Dates •Please choose when would you like to come:						
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			
EnglishWaterSports						
·		-				
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 S to Sp Sunda please	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		Trans	fer required			
4. Included in your cou Accommodation, Full Mornin Sport Activities, All Study M	ng/ Afternoon Tuition,					

Parent Information and Contact Details

1. CONTACT INFORMATION				
Student First Name:	Student Family Name:	tudent Family Name:		
Date of Birth:(DD)(MM)(YYYY)	Gender: M F Na	ationality:		
Native Language:	— —			
Have you attended our Summer School Course before?	Yes No			
Contact Email Address:	_ _			
Mobile Telephone Number:	Will this number be in use during the pr	rogramme? 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:	Relationship 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	ccompany			
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	Payment by Bank Transfer		
Option 1 : Pay €850 deposit now, balance later	Please transfer the payment into the following bank account:			
Option 2: Pay full fees now	IDANI	LIBOOO 40 4000 4 4000 40 470		
Please note that full payment must reach us no later	IBAN:	HR3924840081103613170		
than 45 days before the start of the course	Bank Name:	Raiffeisen BANK Austria		
	Bank Address:	Ulica bana Josipa Jelačića 1		
		Zadar, Croatia		
	Account Name:	INTEGRACIJA XXI VIJEK		
	Account Number:	1103613170		
We would like to contact you with updates and informatio	Sort Code: Swift Code:	2484008 RZBHHR2		
regarding other courses, products and services from Integration 21st Century. If you would prefer not to receiv	e			
these updates, please tick the box on the left	***Please mark the pa	yment with your name***		
I accept the Integration 21st Century's Terms & Condition	s			
and Rules & Regulations for Summer Programmes and Privacy Policy (all of which you can find at http://				
integration21.hr/en/terms-and-conditions)				
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Parent Signature:				