



# BANDON GRAMMAR SCHOOL

Principal  
Mr I. F. Coombes B.A., H.D.E., MEd.

Bandon, Co. Cork  
Tel. (023) 88 41713  
Fax. (023) 88 44404  
Email: office@bgsmail.ie  
Website: www.bandongrammar.ie

## FORM 3 SUPERVISED STUDY

We will provide Supervised Study for Form 3 Day Pupils whose parents wish to avail of the following package :- Form 3 Study will be offered, 2 or 4 afternoons per week, on Monday, Tuesday, Thursday & Friday nights from 4.15 – 6.00 p.m. The cost for the half year (17 weeks) IS €200.00 for 2 afternoons and €350 for 4 afternoons.

### **SUPERVISED STUDY AGREEMENT (FORM III)**

I \_\_\_\_\_ (name) accept the rules and expectation set out for supervised study as follows:-

I will be of good behaviour and comply with the Code of Conduct at all times. I understand that failure to comply may result in my participation in the programme being withdrawn.

I wish to undertake the 2 afternoon programme

I wish to undertake the 4 afternoon programme

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Countersigned: \_\_\_\_\_ (Parents)

Date: \_\_\_\_\_



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## FORM V AND VI

### EVENING STUDY AGREEMENT

I \_\_\_\_\_ (name) accept the rules and expectation set out for day-boarding as follows:-

Afternoon – From 4.00 p.m. to 5.30 p.m. I will attend a supervised activity, study in the library or return home. I will be punctual and in attendance for evening meal at 5.40 p.m. and study (prep) commencing at 6.30 p.m. and finishing at 9.00 p.m.

I will be of good behaviour and comply with the Code of Conduct at all times. I understand that failure to comply may result in my participation in the programme being withdrawn.

I understand that places are limited and that the cost of the programme is €750 for the half year for 5 evenings and €450 for the half year for 3 evenings paid in advance.

**Payment options:-** Cheque  Cheque date \_\_\_\_\_

Electronic Banking Transfer  Bank Transfer Date \_\_\_\_\_

I wish to undertake the 5 evening programme

I wish to undertake the 3 evening programme

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Countersigned: \_\_\_\_\_ (Parents) Date: \_\_\_\_\_