



APPLICATION FORM

Children's and Teenagers' Courses (8 to 16 years)

Both of these forms must be completed. Children and teenagers, please fill in this (Application) form, and ask your parent or guardian to fill in the Parent/Guardian Form on the next page.

FOR THE COURSE FROM _____ TO _____ PLACE _____

Child (8-12)

Teenager (13-16)

First (Given) Name	Last (Family) Name	Phone: () -
Address		Age: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/>
		Date of Birth: ____ / ____ / ____
Town/Suburb	Post/Zip Code	E-mail Address:
Name(s) of Parent(s):		

Who or what inspired you to attend this course? _____

What do you hope to achieve by doing this course? _____

Please write a little about yourself and what you like to do:

If English is not your native language, do you understand it well? YES NO

Do you have any health problems or other difficulties? _____

Have you previously attended a Children's/Teenagers' course? YES NO

If YES, please complete Sections A and B
 If NO, please complete Section B

SECTION A: OLD STUDENTS

Your first course: _____ Date: _____ Place: _____

How many courses have you completed? _____

Do you meditate at home? _____ If YES, how often? _____

Have you seen any changes in yourself? If so, what? _____

SECTION B: For all applicants

Do you agree to follow the timetable and guidelines during the course? YES NO

SIGNATURE _____ DATE _____



PARENT/GUARDIAN FORM

Children's and Teenagers' Courses

FOR THE COURSE FROM _____ TO _____ PLACE _____

Name of Parent/Guardian:	Phone: Home () - Other () -
Street Address/PO Box	
Town/Suburb State Post Code	E-mail Address:

Have you completed a ten-day course with S. N. Goenka or any of his Assistant Teachers? YES NO

Child's Name: _____

Your relationship to the child/teenager: Parent Guardian

Does your child have any medical problems / illnesses / emotional problems that we should know about?
NO YES If YES, please give details.

Are they on any regular medication? NO YES If YES, please give details.

Do they have any special requirements, eg diet? NO YES If YES, please give details.

Where will you be during the course? Please give contact address and phone number if different from above.

Have you discussed the course with your son/daughter? Do you think they are ready to participate in the course and fully understand the commitment required?

Please make sure your child does not bring games, books, CD/cassette players, etc, to the course.

If you wish your child to attend this course please sign below:

SIGNATURE _____ DATE _____