

Presentation College

Carlow

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Application Form for Entry to _	Year in 20				
(eg	: First/Second Year etc)				
Surname	First Names				
(Please fill in surname and firs	t name in BLOCK CAPITALS)				
Boy Girl	Middle Name				
Address					
	Eircode				
Date of Birth	PPS No				
(COPY OF BIRTH CERTIFICATE	MUST ACCOMPANY THIS APPLICATION)				
Current School					
Nationality	Religion				
Mother's Maiden Name					
Names of brothers or sisters in	this school now or previously				
Number of Children in your Fa	mily This Child's position				
Are parents or siblings past or	present staff members of Presentation College?				
Yes □ Details	s:				
No 🗆					
Family Doctor	Phone				
Medical Card No. (If applicable	·):				

rather's Name	IVIC	otner's Name _		
Occupation	Occ	cupation		
Phone	(H)	Phone		(H)
	(W)			(W)
	Mobile			Mobile
Email address for correspond	lence			
Emergency Contact Number	(If above cannot be conta	acted)		
Name	Phone	e Number		
Relationship to child				
Is this child exempt from stud	dying Irish?	Yes [□ No □	
If yes please supply certificate. All of Education and Skills regulations.	students <u>must</u> study Iris	sh unless they have	e a Certificate of Ex	emption as per Department
Does this child have an Educa	ational Assessment	: Yes	□ No	
If yes, please supply copy of report				
If there is any information ab need to know, please use the	•	bout your famil	y circumstance:	s which you think we
We have read and accept the by them.	e school's Pastoral a	and Disciplinary	Procedures an	d agree to be bound
We agree to a Digital Photog purposes.	raph of our son/da	ughter being us	sed for School A	dministration
Mother's Signature				
Father's Signature				
For office use only:				
Received in the School Office	by	D	ate	

<u>It is vital that the school be notified immediately of any changes to any item of information contained above.</u>

The provision of false or misleading information in this form may result in the application for enrolment being refused.