



# Presentation College

## Carlow

Tel: 059 91 43927

Fax: 059 91 40645

Email: [info@presentationcollegecarlow.com](mailto:info@presentationcollegecarlow.com)

Web: [www.presentationcollegecarlow.com](http://www.presentationcollegecarlow.com)

Application Form for Entry to \_\_\_\_\_ Year in 20\_\_\_\_

(eg: First/Second Year etc)

Surname \_\_\_\_\_ First Names \_\_\_\_\_

(Please fill in surname and first name in BLOCK CAPITALS)

Boy ☐ Girl ☐

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 family \_\_\_\_\_ This child's position \_\_\_\_\_

Are parents or siblings past or present **Staff Members** of Presentation College?

Yes ☐ No ☐ Details \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ (H) Phone \_\_\_\_\_ (H)

\_\_\_\_\_ (W) \_\_\_\_\_ (W)

\_\_\_\_\_ Mobile \_\_\_\_\_ Mobile

Email address for correspondence \_\_\_\_\_

Emergency Contact Number (If parents cannot be contacted)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Is this child exempt from studying Irish? Yes ☐ No ☐

If yes, please supply certificate. All students must study Irish unless they have a Certificate of Exemption as per Department of Education regulations.

Do you consent to your child being tested for Reasonable Accommodations in State Exams or for an exemption from study of Irish, if deemed appropriate by you or your child's teachers? Yes ☐ No ☐

Does this child have an Educational Assessment Yes ☐ No ☐

If yes, please supply copy of report.

If there is any information about your child or about your family circumstances which you think we need to know, please use the space below:

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We have read and accept the school's Pastoral and Disciplinary Procedures, on the school website and agree to be bound by them.

We agree to a Digital Photograph of our son/daughter being used for School Administration purposes.

Mother's Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_

**For office use only:**

Received in the School Office by \_\_\_\_\_ Date \_\_\_\_\_

**It is vital that the school be notified immediately of any changes to any item of information contained above.**

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