

PRESENTATION SECONDARY SCHOOL, LOUGHBOY, KILKENNY
PRELIMINARY APPLICATION FORM FOR FIRST YEAR

Please complete this form carefully and return it to the school. You will then be issued with a letter of acknowledgement. Please keep this letter of acknowledgement safely as it acts as confirmation of your daughter's application.

THE YEAR THE STUDENT INTENDS ENROLLING: SEPTEMBER _____

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ RELIGION: _____

TELEPHONE: _____ COUNTRY OF BIRTH: _____

PRIMARY SCHOOL ATTENDED: _____

PARISH _____

STUDENT'S PPS NUMBER _____ FATHER'S NAME _____

MOTHER'S NAME _____ MOTHER'S MAIDEN NAME _____

NUMBER IN FAMILY _____ POSITION IN FAMILY _____

NAME(S) OF SISTER(S) WHO MAY BE ATTENDING THIS SCHOOL AT PRESENT:

IF THE APPLICANT'S MOTHER OR SISTERS ATTENDED THIS SCHOOL IN THE PAST, PLEASE GIVE THEIR NAME(S) AT THAT TIME AND THE DATES THEY ATTENDED:

TO WHOM IS SCHOOL CORRESPONDENCE TO BE ADDRESSED:

NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN CASE OF ACCIDENT OR EMERGENCY:

IS THE STUDENT A MEDICAL CARD HOLDER? YES NO

PARENT'S/GUARDIAN'S E-MAIL ADDRESS _____

SIGNATURE OF PARENT/GUARDIAN _____ Date: _____