

**KILLINA PRESENTATION SECONDARY SCHOOL**  
**ENROLMENT APPLICATION FORM FOR ACADEMIC YEAR 2024-25**

APPLICATION FOR:        MAINSTREAM ☐ ModGLD CLASS ☐ ASD CLASS ☐

STUDENTS NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

HOME/POSTAL ADDRESS: \_\_\_\_\_

EIRCODE: \_\_\_\_\_

STUDENT PPS NO: \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY: \_\_\_\_\_ POSITION: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

LANDLINE PHONE NO: \_\_\_\_\_ CONTACT E-MAIL(s) \_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_ FATHERS NAME: \_\_\_\_\_

MOTHERS MOBILE: \_\_\_\_\_ FATHERS MOBILE: \_\_\_\_\_

MOTHERS MAIDEN NAME :(requested by Department of Education and skills): \_\_\_\_\_

NAME(S) OF SIBLINGS IN THIS SCHOOL AT PRESENT: \_\_\_\_\_

IF YOU WISH TO BE COSIDERED FOR ENROLMENT UNDER CATEGORIES 1 OR 2 (MAINSTREAM APPLICANTS),  
YOU MUST PROVIDE THE NAMES OF SIBLING(S), NAMES OF PARENT(S)/ GRANDPARENTS(S) WHO ARE PAST  
PUPILS OF THE SCHOOL AND THE YEARS THAT THEY ATTENDED (THIS APPLIES TO MAINSTREAM  
APPLICANTS ONLY):

\_\_\_\_\_  
\_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_

OTHER EMERGENCY CONTACT PERSON NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ TEL NO: \_\_\_\_\_

*Information on this application form is held in the school in keeping with the DATA Protection Acts of 1988 and 2003 and is shared with the DES. Information is processed in line with the Admission Policy, School privacy notice and GDPR policy.*

Signed \_\_\_\_\_ Parent / Guardian.        Date \_\_\_\_\_

Completed enrolment forms are to be returned to the school by **5pm Monday 13<sup>th</sup> November**