

KILLINA PRESENTATION SECONDARY SCHOOL
ENROLMENT APPLICATION FORM FOR ACADEMIC YEAR 2025-26

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 Friday 8th November