

KILLINA PRESENTATION SECONDARY SCHOOL
ENROLMENT APPLICATION FORM FOR ACADEMIC YEAR 2020-21

STUDENTS NAME: _____ DATE OF BIRTH: _____ Male _____ Female _____

HOME/POSTAL ADDRESS: _____

SECOND ADDRESS: _____

NUMBER OF CHILDREN IN FAMILY: _____ POSITION: _____ COUNTRY OF BIRTH: _____

LANDLINE PHONE NO: _____

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: _____

NAME(S) OF PAST SIBLINGS: _____

MEDICAL CARD HOLDER: YES _____ NO _____ STUDENT PPS NO: _____

IRISH EXEMPTION: YES _____ NO _____ REASON: _____

HAS YOUR SON/DAUGHTER A PSYCHOLOGICAL REPORT? YES _____ NO _____

PLEASE INCLUDE A COPY OF THE PSYCHOLOGICAL REPORT AND IRISH EXEMPTION WITH THIS FORM

HAS YOUR CHILD HAD ACCESS TO SNA SUPPORT PREVIOUSLY _____

PRESENT SCHOOL: _____

OTHER EMERGENCY CONTACT PERSON NAME: _____ PHONE NO: _____

DOCTOR: _____ TEL NO: _____

SPECIAL INTEREST(S) ABILITIES (IF ANY) _____

SPECIAL NEEDS (EDUCATIONAL / MEDICAL ETC.) _____

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.

Signed _____ Parent / Guardian. Date _____

Completed enrolment forms are to be returned to the school by **5pm Friday 8th November**