

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

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

SURNAME: _____ FIRSTNAME: _____
ADDRESS: _____

DATEOFBIRTH: _____ RELIGION: _____

TELEPHONE: _____ COUNTRYOFBIRTH: _____

PRIMARYSCHOOLATTENDED: _____

PARISH _____

STUDENT'S PPS NUMBER _____

FATHER'SNAME _____ MOTHER'SNAME _____

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

SIGNATURE OF PARENT/GUARDIAN _____

Date: _____