

### DECLARATION

Parents/Guardians in completing this acceptance form for the Presentation Secondary School, Clonmel commit on behalf of themselves and their daughter to accept and support the school ethos and Code of Behaviour.

I/We certify that the above information is correct.

I/We give permission to have the above information verified by the applicant's previous school.

I/We have received and read the school's code of behaviour.

I/We agree to comply with the school's code of Behaviour.

#### **SIGNATURES:**

Applicant (Student): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Do you have a current medical card ? \_\_\_\_\_ Number: \_\_\_\_\_

Have you included Birth Cert and P.P.S. No.? \_\_\_\_\_

### PLEASE NOTE

1. Closing date for receipt of applications is Friday 23rd November 2018. Places will be offered on or before Friday November 30th and acceptance of offered places must be returned on or before Friday December 14th, 2018.
2. Please ensure that all relevant dates are entered and that all relevant reports are enclosed.
3. The student's P.P.S number can be obtained from the Social Welfare Office, Nelson Street, Clonmel. Tel: 052 6121229.
4. Completion of the Acceptance Form does not guarantee enrolment..

Principal: Mrs. Ethel Reynolds

Deputy Principal: Mr. Michael O'Loughlin

Contact Numbers: Tel. No: (052) 6123587  
Fax No: (052) 6123090  
Email: presedsec@gmail.com

# Presentation Secondary School, Clonmel.

## **ENROLMENT APPLICATION FORM**

**September 2019-2020**

**Private & Confidential**



### MISSION STATEMENT:

PRESENTATION SECONDARY SCHOOL, CLONMEL  
IS COMMITTED TO  
OFFERING OUR STUDENTS A HOLISTIC CATHOLIC  
EDUCATION IN A CARING ENVIRONMENT CONDUCIVE TO  
LEARNING AND PERSONAL DEVELOPMENT.

## STUDENT DETAILS

Surname(as on Birth Cert): \_\_\_\_\_ Name (as on Birth Cert): \_\_\_\_\_

Name by which student is known (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ P.P.S No: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

**Medical History**(if applicable): It is vital that the school is informed of any on-going illness/condition and history of any illness/injury that would affect your daughter's participation in any class activity including sport and extra curricular activities. All information given will only be divulged on a confidential "need to know" basis to staff members who deal with your daughter. Please indicate if your daughter suffers from any of the following conditions:

Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Diabetes \_\_\_\_\_ Hearing Problem \_\_\_\_\_

Sight Problem \_\_\_\_\_ Other(Describe) \_\_\_\_\_

Does your daughter take regular prescribed medication? Yes  No

If **Yes**, please describe \_\_\_\_\_

Should your daughter develop a medical problem that you feel the school should know about, please let us know as soon as possible.

## SCHOOL DETAILS

Previous school(s) attended:

1. \_\_\_\_\_ Principal: \_\_\_\_\_

2. \_\_\_\_\_ Principal: \_\_\_\_\_

Does your daughter study Irish? Yes  No

Has an exemption from Irish been received from Dept of education & Science

Yes  No

If **Yes**, Please enclose a copy of exemption form.

Has your daughter received Learning Support at any point in her previous school?

Yes  No

If **Yes**, please provide full details(including psychological assessment report, if any) \_\_\_\_\_

Has your daughter been assessed as having Special Educational Needs?

Yes  No

Details regards Special Educational Needs \_\_\_\_\_

## FAMILY DETAILS

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Surname: \_\_\_\_\_ Father's Surname: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Father's Address: \_\_\_\_\_  
(if different)

\_\_\_\_\_

Tel No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work No: \_\_\_\_\_

Mobile number to be used for school text message service: \_\_\_\_\_

Parents email address for correspondence and school reports: \_\_\_\_\_

\_\_\_\_\_

How and to whom do you wish your school correspondence to be addressed? Please state if correspondence is to be sent to more than one address.

\_\_\_\_\_

\_\_\_\_\_

Name and number of person to be contacted in case of emergency if Parent/Guardian is not available.

\_\_\_\_\_

Relationship of emergency contact to student: \_\_\_\_\_

\_\_\_\_\_

Number of Children in family: \_\_\_\_\_ Number of sisters: \_\_\_\_\_

Position in family: \_\_\_\_\_

Sisters in school at present: Yes  No

Name(s): \_\_\_\_\_ Classes: \_\_\_\_\_

Students who attended the Presentation Secondary School, Clonmel.

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Any other relevant information: \_\_\_\_\_

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