

PRESENTATION SECONDARY SCHOOL LISTOWEL CO KERRY

ENROLMENT FORM 2018 – 2019

NAME/SURNAME(as on Birth Cert):	_____
KNOWN AS:	_____
DATE OF BIRTH:	_____
ADDRESS:	_____ _____
HOME PHONE NUMBER:	_____
RELIGION:	_____
COUNTRY OF BIRTH:	_____
PRIMARY SCHOOL(S) ATTENDED:	_____ _____
STUDENT'S PPS NUMBER:	_____
NO. OF CHILDREN IN FAMILY:	_____
PLACE OF CHILD IN FAMILY:	_____
If there are other members of the family already attending Presentation Secondary School, Listowel, please list hereunder:-	
Name: _____	Year: _____
Name: _____	Year: _____

Mother's/Guardian's Name: _____	Mobile No: _____
Occupation: _____	Work No: _____
Mother's Maiden Name: _____	
Father's/Guardian's Name: _____	Mobile No: _____
Occupation: _____	Work No: _____
Email Address(es): _____	_____

Details of Additional Learning Support
provided in Primary Schools

(Please complete)

Name of Pupil: _____

Primary School: _____

Is your daughter receiving special help with any subject in Primary School?

YES

NO

If so, please complete below:-

Subject: _____

Teacher: _____

Subject: _____

Teacher: _____

Subject: _____

Teacher: _____

Subject: _____

Teacher: _____

Assessments

(Please complete)

Has your daughter had any of the following:-

An Educational Assessment (carried out by Psychologist) Yes No

A Psychological Assessment (carried out by Psychologist) Yes No

A Medical Assessment Yes No

Any other relevant Assessment Yes No

These Assessments may be essential for the School to secure extra help for your daughter. If your daughter has an Assessment and her Primary School has a copy of it they may release it to us but only with your permission. Please sign below if you are willing to release it.

Permission to release Assessment Report

I give the Principal of _____ permission to release
a copy of the Assessment and all reports on _____
to Presentation Secondary School, Listowel.

Parent's/Guardian's Signature: _____

Date: _____

HEALTH FORM

(Please complete in full)

Name: _____

Doctor usually attended: _____

Doctor's Telephone No: _____

Address: _____

Medical Card No. _____

Nature of Illness: _____

When Diagnosed: _____

Symptoms: _____

Areas at Risk (*Please define clearly*): _____

Any known triggers: _____

Prognosis: _____

EXEMPTION FROM IRISH & CONCERNS

(Please complete)

Name of Parent: _____

Name of Pupil: _____

If you have an exemption from Irish please tick here

I have the following concerns about my daughter commencing Secondary School:-

I would like to meet the Principal privately to discuss areas of concern

Yes

No

I may be contacted at:
