



**Presentation Secondary School
Warrenmount
Application Form**

Warrenmount
Presentation Secondary School
Clarence Mangan Road
Dublin 8
Tel: (01) 4547520
Fax: (01) 4732540
Email: info@warrenmountss.ie

For entry to year (please circle): 1st 2nd 3rd TY 5th 6th

For office use

Date/time received: _____

Signed: _____

Note that completion of this application does not guarantee admission. All of the information that you provide on this application will be treated as confidential.

Please complete this form in BLOCK CAPITALS

Student's Personal Details * indicates an item required by the Department of Education & Skills

*First Name: (as on Birth Cert)	*Address:
*Surname: (as on Birth Cert)	Home Phone No:
E-mail Address:	Mobile No of Parent:
*Date of Birth:	*Mother's Maiden Name:
*Student's PPSN: <i>If you do not know your daughter's PPSN, you can get it from your Social Welfare Local Office or by phone from 1890 927 999</i>	*Student's Nationality: _____ *Year of Entry into Ireland: _____
*Is your daughter a member of the travelling community? Yes () No ()	*Religion
*Medical Card Number: _____ Expiry Date: _____	

Prior links with this school (if any)

	Name	Years Attended
Any sister / s currently in Warrenmount?		
Any sister / s a past pupil?		
Mother a past pupil of Warrenmount?		

***School that the student is currently attending:**

<p>*School Name: _____</p> <p>Tel No: _____</p> <p>I confirm that this applicant is currently in 6th class in primary school and will complete 6th class in June 2017 Yes () No ()</p>
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***Parent / Guardian Details:**

Surname: _____	Surname: _____
First Name: _____	First Name: _____
Relationship to Student: _____	Relationship to Student: _____
Tel (home) : _____	Tel (home) : _____
Tel (work): _____	Tel (work): _____
Occupation: _____	Occupation: _____

***Emergency Contact**

Surname: _____	Surname: _____
First Name: _____	First Name: _____
Relationship to Student: _____	Relationship to Student: _____
Tel (home) : _____	Tel (home) : _____
Tel (work): _____	Tel (work): _____
Occupation: _____	Occupation: _____

Other background information:

Family doctor: Name: _____ Phone No: _____ Address: _____
Has your daughter got any health issues? (eg, asthma, diabetes, allergies, mental health etc) Yes [] No [] Explain _____
Has your daughter any other special needs? (eg, physical disability, dyslexia, hearing or sight problems, etc) Yes [] No [] Explain _____
Please give details of any learning support that you daughter received in primary school. _____
Has your daughter been psychologically assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please forward us in confidence a copy of the psychologist's report as soon as possible so that we can plan for support as early as possible.
Has your daughter been given an official exemption from Irish? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please send us her exemption in writing.
Has your daughter any particular hobbies / interests? _____
Any other relevant information it might be helpful for us to know? (eg, bereavement, divorce/separation, adoption, trauma, etc) _____
Name and Address to which all correspondence should be mailed to: _____

Please enclose original birth certificate, long version. (Please provide a translation if the B.C. is not in Irish or English, B.C. will be returned as soon as details are processed).

In accordance with the Department of Education and Skills Guidelines I give permission for Presentation Secondary School Warrenmount to share information on this form with the DES and for both the school and the DES to retain personal information about my child for purposes outlined in DES Circular 0047/2010 (a copy of which is available at www.education.ie or from the school office).

Please tick the box to indicate your permission. Yes () No ()

I/we confirm that all of the information supplied is complete and correct.

Signature/s of Parent/s or Guardian/s: _____

Date: _____