



Coláiste Pobail na Toirbhearta, Páirc Tír an Iúir, Tír an Iúir, Baile Átha Cliath 6w. D6WCP28
Presentation Community College, Terenure Park, Terenure, Dublin 6w. D6WCP28

Principal/Príomhoide: Mr Tommy Brown

Deputy Principal/Leas-Príomhoide: Ms Áine Mulderrig

Passport
Photograph

X2

Fón/tel: 4902404

Facs/fax: 4907668

r-phost/e-mail: info@pct.cdetb.ie

APPLICATION FORM			
Enrolment Year (Specify the start Year):	20__	Date of Application:	___/___/___
APPLICANT'S DETAILS	Female <input type="checkbox"/> Male <input type="checkbox"/>		
PPS No:		Date of Birth:	___/___/___
Surname:		First Name:	
Country of Birth:		Religion:	
		Holder of Medical Card:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Psychological Assessment:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Learning Support Received:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Irish Exemption:	Yes <input type="checkbox"/> No <input type="checkbox"/>	First Language:	
FAMILY CONTACT INFORMATION			
Mother's/Guardian's Name:			
Telephone No:	Home	Mobile	
Address:			
Mother's Maiden Name:			
Father's/Guardian's Name:			
Telephone No:	Home	Mobile	
Address:(if different from above):			
OTHER RELEVANT INFORMATION			
Current School:		Current Class:	
Principal:		Position in Family:	
Siblings currently or siblings/parents/guardians previously enrolled in Presentation Community College:			
Year or Class of graduation:			
Any Health Problems – please specify:			
General interests/hobbies			
Interviewed by:			

Please return completed application forms to :

Enrolment Applications, Presentation Community College, Terenure Park, Dublin 6W. D6WCP28



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APPLICATION DECLARATION

I certify that the information contained in this application is correct to the best of my knowledge

Signature of Applicant: _____

Signature of Parent/Guardian: _____

Received by: _____ Date: _____

APPLICATION FORM CONSENT

I consent to my child's information contained in this application form being stored in a CDETb central database and being notified to the Department of Education and Skills as part of the annual pupil enrolment returns. This information may also be released to examination bodies to facilitate entry

Signature of Parent/Guardian: _____ Date: _____

PHOTOGRAPHIC PERMISSION

I consent to my child's image/photograph being stored in a CDETb central database.

Signature of Applicant: _____

Signature of Parent/Guardian: _____

Received by: _____ Date: _____

FOR OFFICE USE ONLY

PPS No:

Date: _____

Birth Cert:

Amount: _____

Code of Behaviour:

Receipt No: _____

Guidance Consent:

Sheet No: _____

Release of Information:

Photo:

Photo Permission: