



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

Príomhoide/Principal: Mr Darrell D'Arcy



Fón/tel: 4902404

Facs/fax: 4907668

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

APPLICATION FORM

Enrolment Year: _____
 Female Male 1st year from Sept. '17

APPLICANT'S DETAILS Date of Application: ____/____/____
 PPS No: _____ Date of Birth: ____/____/____
 Surname: _____ First Name: _____
 Country of Birth: _____ Religion: _____
 Holder of Medical Card: Yes No
 Psychological Assessment: Yes No Learning Support Received: Yes No
 Irish Exemption: Yes No First Language: _____

FAMILY CONTACT INFORMATION

Mother's/Guardian's Name: _____
 Telephone No: Home _____ Work _____ Mobile _____
 Address: _____
 Mother's Maiden Name: _____
 Father's/Guardian's Name: _____
 Telephone No: Home _____ Work _____ 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

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 CDETБ 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 CDETБ 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: