

PRESENTATION SECONDARY SCHOOL, WEXFORD

APPLICATION FORM – TRANSFER

PLEASE USE BLOCK CAPITALS ONLY

| YEAR GROUP OF ENTRY SOUGHT | |
|-------------------------------------------------------------|--|
| NAME OF STUDENT (Birth Cert) | |
| DATE OF BIRTH | |
| PPS NUMBER | |
| NAME PARENT/GUARDIANS | |
| ADDRESS | |
| HOME PHONE NUMBER | |
| MOBILE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF SCHOOL CURRENTLY ENROLED IN | |
| YEAR ENROLLED IN CURRENT SCHOOL | |
| IF APPLICABLE – NAME OF SISTER/S CURRENTLY ENROLLED | |
| IF APPLICABLE - NAME OF MOTHER IF PAST PUPIL & YEAR LEFT | |
| SIGNATURE OF PARENT/GUARDIAN | |
| DATE | |

- Please attach a copy of recent school reports with your application
- Where the demand exceeds any available places in a particular year group, the principal will apply the selection criteria in the order listed in our Admissions Policy Page 8 under the Procedures for admission of students to other years and during the school year.
- Information provided on this application form will be shared as necessary with the management authorities of other post-primary schools.

| For Office Use Only | Application Received | Receipt Given/Posted |
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PLEASE INFORM THE SCHOOL IF ANY OF THE ABOVE DETAILS CHANGE AT ANY TIME

WHEN REGISTERED AT OUR OFFICE, PRESENTATION SECONDARY SCHOOL,

A COPY OF THIS APPLICATION WILL BE RETURNED FOR YOUR RECORDS

PLEASE RETAIN A COPY OF THIS APPLICATION FORM AS A RECEIPT