



**APPLICATION FORM FIRST YEAR 2020/2021**

**PLEASE COMPLETE IN BLOCK CAPITALS**

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**APPLICANT FOR ADMISSION**

Surname: \_\_\_\_\_ Christian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

**Sisters previously/currently enrolled in St. Brigid's:** Yes  No

If yes please provide name(s) and current year group or year of completion

Name: \_\_\_\_\_ Year group/Year of completion: \_\_\_\_\_

Name: \_\_\_\_\_ Year group/Year of completion: \_\_\_\_\_

Name: \_\_\_\_\_ Year group/Year of completion: \_\_\_\_\_

**Parent/Guardian member of staff in St. Brigid's:** Yes  No

If yes please provide name and role of parent

Name: \_\_\_\_\_ Role: \_\_\_\_\_

**Mother is/was past pupil of the school:** Yes  No

Mother's full maiden name: \_\_\_\_\_

Mother's date of birth: \_\_\_\_\_ Year of completion: \_\_\_\_\_

**Brothers previously/currently enrolled in St. Brendan's College:**

Brother's Name: \_\_\_\_\_

Brother's Date of Birth: \_\_\_\_\_ Year group/Year of completion: \_\_\_\_\_

**Parent/Guardian member of staff in St. Brendan's College:** Yes  No

If yes please provide name and role of parent

Name: \_\_\_\_\_ Role: \_\_\_\_\_

**Name of present Primary School:** \_\_\_\_\_

Does your daughter have Special Educational Needs? Yes  No

If yes please attach relevant professional assessments

**PARENT(S)/GUARDIAN(S)**

**Legal Guardian 1**

Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime contact no. \_\_\_\_\_

Mobile phone no. \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Legal Guardian 2**

Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime contact no. \_\_\_\_\_

Mobile phone no. \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

- I/We, the undersigned being the Parent(s)/Guardian(s) of the above named candidate, hereby apply for her admission to St. Brigid's Presentation Secondary School, Killarney.
- I/We have read and understand the school's Admissions Policy (available [www.stbrigidskillarney.ie](http://www.stbrigidskillarney.ie)) and agree to respect the characteristic spirit of the school.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

- **Closing date for receipt of completed applications forms is 4p.m. on Tuesday 22<sup>nd</sup> October 2019.**
- **Application forms must be hand delivered so that parent/guardian can be issued with a receipt.**
- **A copy of the applicant's birth certificate must accompany the application form.**
- **Incomplete application forms will be returned and will not be processed.**

**For office use only**

Date received.....

Time received.....

Birth cert received .....

Signed.....