

APPLICATION FORM FIRST YEAR 2023/2024



ST. BRIGID'S
PRESENTATION SECONDARY SCHOOL

PLEASE COMPLETE IN BLOCK CAPITALS

APPLICANT FOR ADMISSION

Surname: _____ Christian Name(s): _____

Address: _____

Date of Birth: _____ Religion: _____

a) 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: _____

b) Parent/Guardian member of staff in St. Brigid's: Yes No
If yes please provide name and role of parent

Name: _____ Role: _____

c) Brothers previously/currently enrolled in St. Brendan's College: Yes No

Brother's Name: _____

Brother's Date of Birth: _____ Year group/Year of completion: _____

d) Parent/Guardian member of staff in St. Brendan's College: Yes No
If yes please provide name and role of parent

Name: _____ Role: _____

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

Mother's full maiden name: _____

Mother's date of birth: _____ Year of completion: _____

f) PRIMARY SCHOOL

Name of present Primary School: _____

P.T.O.

SPECIAL NEEDS

Does your daughter have Special Educational Needs? Yes No

If yes, please attach relevant professional assessments



PARENT(S)/GUARDIAN(S) The school will issue correspondence to Legal Guardian 1 unless otherwise specified.

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) and agree to respect the characteristic spirit of the school.

Signed: _____

Signed: _____

Date: _____

Date: _____

- **Closing date for receipt of completed applications forms is 4 p.m. on Friday 21st October 2022.**
- **Application forms must be hand delivered so that the parent/guardian can be issued with a receipt.**
- **Incomplete application forms will be returned and will not be processed.**
- **St. Brigid's Presentation Secondary School does not take any responsibility for errors made by the parent/guardian in the completion of this form**

For office use only

Date received.....

Time received.....

Signed.....