

# LEAVING CERTIFICATE



## Entry Application Form



(All answers to be written in **block capitals please**)

Signed(student):			
Surname:			
Forename (as per birth certificate):			
Forename called:			
Address:			
Date of birth:	Day:	Month:	Year:
Home phone number:		Mobile father:	
Mobile Mother:		Mobile student:	
Emergency Contact details:			
Personal Public Service Number (essential for registration):			

I accept the school rules and code of discipline on behalf of my son/daughter named above.  
I accept that should my student's option subject combinations make them eligible for the enhanced Leaving Certificate programme - LCVP- that they will be enrolled in that programme automatically.

SIGNED (parent/guardian):	Date:
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**Please indicate in order of preference**, the option subjects your son/daughter would like to choose. Where possible, students will be accommodated with their first four choices. However, timetable constraints may require that other subject combinations are considered.

- |                                     |                                               |                                               |
|-------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> History    | <input type="checkbox"/> Economics            | <input type="checkbox"/> LCPE                 |
| <input type="checkbox"/> Geography  | <input type="checkbox"/> Engineering          | <input type="checkbox"/> Home Economics       |
| <input type="checkbox"/> Chemistry  | <input type="checkbox"/> Construction Studies | <input type="checkbox"/> Agricultural Science |
| <input type="checkbox"/> Physics    | <input type="checkbox"/> Music                | <input type="checkbox"/> Applied Maths        |
| <input type="checkbox"/> Biology    | <input type="checkbox"/> Art                  | <input type="checkbox"/> French               |
| <input type="checkbox"/> Business   | <input type="checkbox"/> Design Communication | <input type="checkbox"/> German               |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Graphics             | <input type="checkbox"/> Religion             |

Student Surname:	Student Forename:
Date of Birth:	Class Group:

**PLEASE CONFIRM THAT YOU HAVE UPDATED YOUR DATA ON OUR WEBSITE:** Yes  No

**PLEASE RETURN FORM BY FRIDAY 12th MARCH**