

# 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:		Parents Email:	
Date of birth:	Day:	Month:	Year:
Home phone number:		Mobile father:	
Mobile Mother:		Mobile student:	
<b>Personal Public Service Number (essential for registration):</b>			

I accept the school rules and code of discipline on behalf of my son/daughter named above.

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

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