



# PATRICIAN PRESENTATION SECONDARY SCHOOL



*"Our mission is to encourage all pupils to reach their potential in a caring and Christian environment".*

**Closing Date for Applications:**  
**Thurs. 26<sup>th</sup> Oct 2023.**

## ENROLMENT FORM 2024-2025

**Date Received:**  
(For Office Use Only)

Pupil's Name: \_\_\_\_\_ PPS No.: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Does the student have a medical card? Yes  No

Home Phone No.: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #1 Contact Number: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Parent #2 Contact Number: \_\_\_\_\_

Mum's Maiden Name: \_\_\_\_\_ Contact email address: \_\_\_\_\_

Name and Address of last school attended: \_\_\_\_\_

Is your child receiving learning support at their present school? Yes  No

Is your child receiving resource teaching at their present school? Yes  No

Number of children in family \_\_\_\_\_ This child's position in family \_\_\_\_\_

Name of other children attending this school? \_\_\_\_\_

Any health problems/allergies? Yes  No

If yes, please give details of the condition and any medication taken/required: \_\_\_\_\_

\_\_\_\_\_

*I have been made aware of and accept the school's "Code of Behaviour" and other policies (available at [www.fethardsecondaryschool.ie](http://www.fethardsecondaryschool.ie)) and I accept the responsibility for informing the school of any changes to the above information.*

**Signatures of Parents/Guardians:** Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_

**N.B. This is an application form for admission and does not constitute an offer of a place, implied or otherwise.**

Rocklow Road, Fethard, Co. Tipperary, E91NF88.

(052)6131572

[fethardppss@gmail.com](mailto:fethardppss@gmail.com)

[principal@patricianfethard.ie](mailto:principal@patricianfethard.ie)