

PRESENTATION SECONDARY SCHOOL, WEXFORD

TRANSFER APPLICATION FORM

PLEASE USE BLOCK CAPITALS ONLY

Name of Student _____ D.O.B. _____
(As on Birth Cert)

Name of Parent/Guardian _____

Address _____

Home Phone _____ Mobile No _____

YEAR IN NOW _____ SCHOOL IN NOW _____

Tel No. of School _____

Please enclose a copy of recent School Report

PPS No. (Same as Childs RSI No.): THIS MUST BE FILLED IN (7 Numbers 1 Letter)

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Mothers Maiden Name _____

Year of Entry to Presentation School, Wexford _____ Starting Year Group _____
(e.g.2014,2015 etc) (e.g.,1st, 2nd, 3rd etc)

Signature of Parent / Guardian _____ Date _____

WHEN REGISTERED AT GENERAL OFFICE, PRESENTATION SECONDARY SCHOOL
A COPY OF THIS APPLICATION WILL BE RETURNED FOR YOUR OWN
RECORDS.

PLEASE INFORM THE SCHOOL IF ANY OF THE ABOVE DETAILS CHANGE AT ANY TIME.

For Office Use Only	Application Received	Receipt Given/Posted
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PLEASE KEEP THIS AS RECEIPT OF APPLICATION