

PRESENTATION SECONDARY SCHOOL



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Principal: Mr William Ryan • Deputy Principal: Ms Mary Dooley

APPLICATION FOR TRANSITION YEAR PROGRAMME 2016/2017

NAME _____ CLASS _____

I wish to apply for a place on the Transition Year Programme 2016 /2017.
Please respond to the following:

1. Why I am applying for the Transition Year programme:

2. How I would benefit from doing the Transition Year course:

3. As a member of the T.Y. class, I think I could make a positive contribution in the following way:

4. I am willing to participate in all aspects of the Transition Year programme YES NO
If NO, please give reason(s). _____

COURSE FEE PAYMENT

I enclose the Course Fee of €150 Cash Cheque Eas Payments Please Tick
(Course Fee will be refunded if you do not get a place on the TY Programme.)

N.B. (Please ensure you receive a receipt of payment from General Office)

STUDENT'S SIGNATURE _____ CLASS _____

PARENT'S SIGNATURE _____ TELEPHONE _____

DATE _____

CLOSING DATE FOR APPLICATIONS: THURSDAY 11th MARCH 2016