STUDENTS DETAILS

Surname:_____ **Christian Name** (as on birth cert) _____

Address:_____

Tel No:_____
Eircode: _____

Date of Birth:_____ **P.P.S No :**_____

Nationality:_____ **Religion:** _____
Medical History: **(if applicable): it is vital that the school is informed of any on-going illness/condition and history of any illness/injury.**

Health Condition: _____

Family Doctor:_____ **Doctor Phone No:** _____

SCHOOL DETAILS

Previous school attended:_____

Does your son/daughter study Irish? Yes ☐ No ☐

Has an exemption from Irish been received from Dept of Education & Science
Yes ☐ No ☐

Has your son/daughter received Learning Support at any point in her previous school? Yes ☐ No ☐

If **Yes,** please provide full details (including psychological assessment report, if any)

Has your son/daughter been assessed as having Special Education Needs?
Yes ☐ No ☐

FAMILY DETAILS

Mothers Maiden Name:_____ **Father's Name:**_____

Mother's Address:_____ **Father's Address:**_____

_____ **(If different)**_____

Tel No:_____ **Tel No:**_____

Mobile No:_____ **Mobile No:**_____

Occupation: _____ **Occupation:** _____

Tel No: _____ **Tel No:** _____

Correspondence Title (How and to whom do you wish your school correspondence to be addressed?)

_____

Contact Person and phone number in case of emergency during school hours:
(These phone numbers will be used in our "text a parent" facility. It is important this information is current and correct)

No. of children in family: _____

Brothers/Sisters at present in this school: **Yes** ☐ **No** ☐

Name: _____ **Class:** _____

Name: _____ **Class:** _____

Brothers/sisters who are past pupils of this school: _____

Will your son/daughter be using the school transport system? Yes ☐ **No** ☐

Any other relevant information:
_____
_____

DECLARATION

Parents/Guardians, in completing this declaration, commit on behalf of themselves and their son/daughter to accept and support the ethos and Code of Behaviour of Presentation Secondary School, Ballingarry.

I/we certify that the above information is correct.

I/we give permission to have the above information verified by the applicant's pervious school.

I/we have received and read the school's code of behaviour.

I/we agree to comply with the school's code of behaviour.

SIGNAUTRES;

Applicant(Student): _____

Parent/Guardian:_____

Date:_____

Do you have a current medical card**?**_____ Number **:**_____
Have you included Birth Cert and P.P.S. No & Passport Photos? _____
Psychological Assessment (if relevant):_____

PLEASE NOTE

Application must be submitted on or before _____
Please ensure that all relevant dates are entered and that all relevant reports are enclosed.
The student P.P.S. number can be obtained from the Social Welfare Office, Nelson Street, Clonmel. Tel: 052 6121229
Completion of the Acceptance form does not guarantee enrolment.

Principal: Ms. A Cahill
Deputy Principal: Mr. B Moran
Contact Numbers: Tel. No: (052)91 54104
Fax No: (052)91 54803
Email: office@presbg.com

Presentation Secondary School,
Ballingarry.

Application Form for Admission

September 2025 - 2026

Private & Confidential

MISSION STATEMENT:

The Presentation Secondary School Ballingarry, is a rural co-educational school, in the tradition of the Presentation Sisters and under the trusteeship of CEIST. It cherishes Christian values and is committed to justice and answering the needs of our times under the guidance of the CEIST Charter

Presentation Secondary School gives priority to:
***Providing its students with education for life and living.**
***Sharing and celebrating the Christina Vision of life.**
***Providing access to life-long learning for our Community.**

WEB PAGE: www.presballingarry.ie