

# North Presentation Secondary School/

*Farranree  
Cork  
T23WD99*

Principal: Adrian Gibbs  
Deputy Principal: Mary O'Connell

Tel: 021-4303330 Fax: 021-4303411  
E-mail: [info@northpres.ie](mailto:info@northpres.ie)  
Website: [www.northpres.ie](http://www.northpres.ie)

## Application Form

Tick as appropriate: Mainstream  Special Class

Please use BLOCK CAPITALS when completing this form.

### Child's Details

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

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

\_\_\_\_\_ Telephone No.: \_\_\_\_\_

Date of Birth \_\_\_\_\_ P.P.S. Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mother's Mobile No: \_\_\_\_\_ Father's Mobile No: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

### Guardian information (if applicable)

Name: \_\_\_\_\_

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

\_\_\_\_\_

Mobile No: \_\_\_\_\_ Other contact No: \_\_\_\_\_

## Medical Information

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Card Yes  No

Medical Information: \_\_\_\_\_

Dietary Requirements:

Sisters Currently in this School:

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Sisters Previously in this School:

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Primary School Attended: \_\_\_\_\_

Name of Teacher (6th Class): \_\_\_\_\_

Position in Family: \_\_\_\_\_

Signed: \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

Date: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Contact Person (optional)

1. Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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It is **essential** that the following documentation is returned with the completed Application Form:

- The **original** long form Birth Certificate
- Two Passport-type Photographs

*If applying for the Special Class the following documentation will also be required:*

- ❖ An **original** Clinical diagnostic report which proves the applicant meets DSM IV/V or ICD 10 diagnostic criteria.
- ❖ An Educational assessment which includes an estimation of cognitive function.
- ❖ A speech and language assessment (within the last 2 years).
- ❖ An occupational therapy assessment (within the last 2 years).
- ❖ All reports and information from any support services involved with the student.
- ❖ A recommendation (within the last 2 years) that a Special class place in a mainstream post primary school setting is essential.