



# St. Michael's College

Listowel, County Kerry, Ireland.

## APPLICATION FORM

Full Name Applicant (as on birth cert) .....

Mothers Maiden Name .....

Home Address .....

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Date of Birth ...../...../..... PPS No. ....

Previous school(s) .....

Telephone Home .....

Mobile(s) .....

Parents/Guardian/s Names

Father .....

Occupation .....

Work No. ....

Mother .....

Occupation .....

Work No. ....

Primary school(s) attended .....

Psychological assessment  yes  No - please hand in copy of assessment to school

Exemption from Irish  yes  No

Special education tuition  yes  No – If yes, please supply details to school

## HEALTH

Family Doctor name .....

Doctor Telephone No. ....

Please state any medical conditions .....

(illness, allergy, etc) .....

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Does applicant have any sight/hearing defects?  yes  No – If yes, please supply details to school

Is there any reason why applicant would not be able to participate in all school activities?

yes  No – If yes, please supply details to school

Signature Parent/Guardian .....

Date ...../...../.....