



PRESENTATION SECONDARY SCHOOL, WEXFORD

APPLICATION FORM – ENTRY TO FIRST YEAR

PLEASE USE BLOCK CAPITALS ONLY

YEAR OF ENTRY	1 ST YEAR - SEPTEMBER 2025	
NAME OF STUDENT (Birth Cert)		
DATE OF BIRTH		
PARENT/GUARDIANS	MOTHERS NAME	FATHERS NAME
ADDRESS		
EIRCODE		
HOME PHONE NUMBER		
MOBILE NUMBER		
EMAIL ADDRESS		
PRIMARY SCHOOL		
SISTER CURRENTLY IN PRESENTATION WEXFORD	Name	Year Group
SISTER WHO ATTENDED PRESENTATION WEXFORD	Name	Year Graduated
MOTHER WHO ATTENDED PRESENTATION WEXFORD	Name	Year Graduated
MOTHERS MADIEN NAME		
SIGNATURE OF PARENT/GUARDIAN		
DATE		

- ❖ *Places will be offered in November of the year before the student is due to start in Secondary School. Offers will be made in accordance with the school's Admissions Policy, which is available at our office and on the school's website. www.preswex.ie/admissions*
- ❖ *Information provided on this application form will be shared as necessary with the management authorities of other post-primary schools in an effort to prevent the holding of a place in more than one school by an individual student.*

For Office Use Only	Application Received	Receipt Given/Posted
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PLEASE INFORM THE SCHOOL IF ANY OF THE ABOVE DETAILS CHANGE AT ANY TIME

WHEN REGISTERED AT OUR OFFICE, PRESENTATION SECONDARY SCHOOL,

A COPY OF THIS APPLICATION WILL BE RETURNED FOR YOUR RECORDS

PLEASE RETAIN A COPY OF THIS APPLICATION FORM AS A RECEIPT