



KILKENNY CITY VOCATIONAL SCHOOL



Junior Cert **Transition Year**
Music **LCA** **Leaving Cert**
Counselling **Book Rental**
Sport **After school study**
Breakfast Club **Lunchtime Club**
ASD Unit



New Street, Kilkenny
Tel: 056 7722108 Fax: 056 7722608
Website: www.kcvs.ie
Email: kcvsoffice@eircom.net
Facebook: Kilkenny City Vocational School

teaching student academic
potential knowledge
Education
opportunities honesty
welcome environment
self-esteem respect





APPLICATION FORM

Kilkenny City Vocational School
New Street, Kilkenny. Tel 056 7722108 www.kcvs.ie

PERSONAL INFORMATION

Name _____ Surname _____

D.O.B _____ PPS Number _____ Gender _____

Home Address _____

_____ Date of Entry _____

PARENT/GUARDIAN CONTACT INFORMATION

Mother's Name _____ Father's Name _____

Mother's Maiden Name _____ Mother's Nationality _____

Mother's Address _____ Father's Address _____

Mobile Number _____ Mobile Number _____

Number of Children in the Family _____ Position in Family _____

MEDICAL INFORMATION

Does your Son/Daughter have a Medical Card? Yes No Medical Card No _____

Does your Son/Daughter have any medical conditions which the school should be aware of?

Name, Address and Telephone Number of Doctor. _____

PREVIOUS EDUCATIONAL HISTORY

Section A: For Incoming First Years

Name of Primary School Attended: _____

School Phone Number: _____ Name of Principal _____

Name of 6th Class Teacher _____ Year of entry to KCVS _____

Section B: For Students Transferring from another Secondary School

Name of School currently being attended: _____

School Phone Number: _____ School Principal _____

Year Group your Son/Daughter wishes to join.

1st Yr 2nd Yr 3rd Yr 5th Yr 6th Yr

To be completed by all applicants

Has your Son/Daughter an exemption from Irish? YES NO

DECLARATION

I hereby declare that all information provided on this form is true and correct

I/We as parents/guardians having read Kilkenny City Vocational Schools Admissions Policy declare that all information relating to the applicant's education and welfare has been provided for on this form.

I/We, as parents/guardians in completing this Application Form for enrolment to Kilkenny City Vocational School, give due recognition and commitment on behalf of my/ourselves and our Son/Daughter to the School Ethos and Code of Behaviour, in the event that our son/daughter is admitted to the school.

Signed _____
(Mother)

Signed _____
(Father)

Print Name _____

Print Name _____

Date _____

Date _____

Office Use Only

Date Received _____

Acknowledgement Sent

YES

NO