



**PRESENTATION SECONDARY SCHOOL
ROCKFORD MANOR**
Trustees CEIST

APPLICATION FORM

Pupil's Full Name.....

Date of Birth **Country of Birth**

Pupil's PPS Number :

Medical Card Holder: Yes No

Mother's Name **Occupation**

Mother's Maiden Name

Father's Name **Occupation**

Address

..... **Phone No**

Previous places of education with dates

.....

Number of Children in family **Place in Family**

Name of sisters (if any) now in Rockford Manor

Names of sisters who have left Rockford Manor

Date of Proposed Entry (September)

Date **Signature**

**APPLICATION FORMS MUST BE ACCOMPANIED WITH
A NON-REFUNDABLE DEPOSIT OF €100.00 PER STUDENT**