

Attach
recent photo
here

Name:

Date of Birth:

PPS Number:

Nationality:

Address:

Phone (Landline):

Mobile (Parent):

Mobile (Student):

Name(s) of Parent(s)/Guardian(s):

Medical details, please outline any medical condition we should be aware of:

Last School attended:

Year of Junior Certificate:

Indicate below if you are a 5th year, 6th year or repeat student:

- 5th Year ☐ (Please enclose a photocopy of your 3rd year Christmas report)
- 6th Year ☐ (Please enclose a photocopy of your Junior Cert, 5th year Christmas & Summer reports)
- Repeat ☐ (Please enclose a photocopy of your Junior Cert & Leaving Cert results)

Subjects	Level
1.
2.
3.
4.
5.
6.
7.

Average number of hours spent on homework:

Weekday

Weekend

Average number of hours spent studying:

Weekday

Weekend

Subjects which proved most difficult:

- 1.
- 2.

On a scale of 1 to 10 how hard did you work last year?:

State any difficulties encountered studying:

Other relevant information (ie time missed, specific learning difficulties, reasonable accommodations granted in previous exams etc.)

Are you interested in attending a Third Level College? ☐ **Yes** ☐ **No**

What career area(s) interest you?

Signed..... **Date**.....

On receiving completed application form, we will arrange a brief interview. A Parent/Guardian would need to attend also.

Please return completed form to: **Brookfield College, Monavalley, Tralee, Co Kerry.**

Tel: 066 7145896 Fax: 066 7145897 Email: info@brookfieldcollege.ie Web: www.brookfieldcollege.ie