



# Leaving Cert Applied 2017/2018 Application Form

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Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Class Group: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Please complete the following:

1. Outline your reasons for wanting to apply for L.C.A

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2. Please give three important goals that you would like to achieve in this programme.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. How can L.C.A help you to achieve the above goals?**

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**4. Do you agree to uphold the compulsory 90% attendance stipulation for the duration of the course?**

**(Please circle)**

**Yes/No**

Please return completed forms to **Mr. D Quinlan or Mr. Quilter** no later than **3.15 p.m on Friday the 24<sup>th</sup> March, 2017.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/ Guardians Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

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**For Records**

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_