



Leaving Cert Applied 2017/2018 Application Form

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

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?

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 24th March, 2017.**

Student Signature: _____

Date: _____

Parent/ Guardians Signature(s): _____

Date: _____

For Records

Address: _____

Email: _____