



APPLICATION FORM FOR WORKSHOP

CHILD'S NAME:.....

PARENT'S NAME:.....

ADDRESS:

EMAIL:TEL:.....

CHILD'S DATE OF BIRTH:

PRESENT SCHOOL:CLASS:.....

HAS CHILD BEEN PSYCHOLOGICALLY ASSESSED? YES/ NO

IF YES GIVE DETAILS e.g._ WHEN, WHERE, BY WHOM.....

.....

IS CHILD RECEIVING LEARNING SUPPORT AT SCHOOL? YES / NO

PRIVATELY? YES / NO

IF YES GIVE DETAILS.....

.....

CHILD'S INTERESTS

.....

ANY OTHER INFORMATION.....

.....

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PLEASE RETURN FORM AND ENCLOSE COPY OF ASSESSMENT TO:
Mrs. S. Brophy, Floodhall, Knocktopher, Co Kilkenny Tel 056 7768941