



XLc Project

W.S.T.C.Y.S, Manor Street Youth & Community Centre, Manor Street, Waterford. X91 TY8N
Tel: 051-309365, 086-6061287, e-mail xlc@live.ie

Application Form

Name: _____ Address: _____

Date of Birth: _____ PPS No: _____

Phone No's: 1. _____ (Mobile) 2. _____ (Home)

E-Mail Address: _____ Med. Card No: _____

School last attended: _____

Reason for leaving: _____

Interests / Hobbies: _____

Medical Details: (e.g. Dyslexic/ADHD, Asthma etc.) _____

Educational Details

Have you done the Junior Cert? _____

Did you pass 5 or more subjects? _____

How many of those were at higher level? _____

Have you done the Leaving Cert? _____

Did you pass 5 or more subjects? _____

How many of those were at higher level? _____

Parental Consent (Required only of those 15 years or younger)

I give _____ permission to join and participate in the programme and activities of the XLc Project.

Signature: _____ Parent () Guardian ()

Date: _____

If you are 15 years or younger **Parental Consent** is required and the school attendance officer must approve your application.

School Attendance Officer: Signed _____

Referral:

Referred By: _____ Tel: _____

Interview:

Interviewed By: _____

Office Use Only

L.C.

J.C

5th

Date: _____

