



Brookfield College

OAKPARK, TRALEE

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Brookfield College – Application Form

Name

DoB PPS Number

Address

Telephone (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 (Please enclose a copy of results)

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 and Leaving Cert results)

Table with 2 columns: Subjects, Level. Rows 1-7 for listing subjects and levels.

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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 (re: time missed etc.)

Are you interested in attending a Third Level College? (Please tick) Yes No

What career area(s) interest you ?
1.
2.
3.

Signed Date

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

Please return completed form to: Brookfield College, Collis Sandes House, Killeen, Oakpark, Tralee, Co. Kerry
Tel: 066 7145896 Fax: 066 7145897 Email: info@brookfieldcollege.ie www.brookfieldcollege.ie