

### Certification of Eligibility of Pupils to Repeat a School Year

#### School Details

NAME OF SCHOOL _____ SCHOOL ROLL NO. _____
ADDRESS _____ TEL. NO. _____
TYPE OF SCHOOL Secondary <input type="checkbox"/> Vocational <input type="checkbox"/> Comm <input type="checkbox"/> Comp <input type="checkbox"/>

Category of Criteria	Code
Prolonged Absence from school	11
Serious Illness	12
Serious Family Trauma	13
Very Poor Academic Record	14
Change of school	
Due to change of domicile	15a
To take up revised course of study	15b
For other reasons	15c

Programme	Year	Code	Total Enrolment	% Repeating
Leaving	1	2(1)		
Leaving	2	2(2)		
LCVP	1	4(1)		
LCVP	2	4(2)		
LCA	1	10(1)		
LCA	2	10(2)		

#### Pupil Details

Pupil's Name	Date of Birth	Pupil's Number	Year to be Repeated	Criteria Code

I am satisfied that the pupils named above comply with the conditions prescribed for repeating a school year and that the particulars given on this form are accurate. I also confirm that the number of pupils being allowed to repeat does not exceed 5% in the case of a particular Leaving Certificate Year Group ( applicable to the Senior Cycle years only) and that none of the abovementioned pupils have previously repeated a year at Second Level.

Signed: \_\_\_\_\_  
 Manager/Principal

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

\*(see information note for information regarding notifying the Department of Education and Science of pupils being allowed to repeat)

**Application for Departmental Approval for a Pupil to Repeat a Year of the Leaving Certificate Course**

This form should be completed in the case of pupils who are seeking to repeat (i) Year 1 of the Leaving Certificate course in any circumstances or (ii) Year 2 of the Leaving Certificate course and who will not be sitting the Leaving Certificate Examination in the year of application. **This form should only be completed where it is proposed to allow more than 5% of a year-group (Year 1 or Year 2) to repeat.**

NAME OF SCHOOL \_\_\_\_\_ SCHOOL NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TYPE OF SCHOOL: Secondary I\_; Vocational I\_; Community I\_; Comprehensive I\_.

(1) Name of pupil: \_\_\_\_\_ Pupil No. \_\_\_\_\_

(2) Date of birth: \_\_\_\_\_

(3) School attended in last school-year:  
This school I\_; School abroad I\_; Other school in Ireland I\_.

(4) If other than this school, please state:-

(a) Name and address of other school: \_\_\_\_\_

(b) Date of transfer to present school: \_\_\_\_\_

(5) Number of years completed as a recognised post-primary pupil: \_\_\_\_\_

(6) Year of the Leaving Certificate programme for which pupil was registered in the last school-year: Year 1 I\_ or Year 2 I\_

(7) Type of programme:- (a) Regular \_\_, (b) LCVP \_\_, (c) LCAP \_\_\_\_\_

(8) Year to be repeated;- Year 1 \_\_ or Year 2 \_\_\_\_\_

(9) Type of programme:- (a) Regular \_\_, (b) LCVP \_\_, (c) LCAP \_\_\_\_\_

(10) Reason to repeat in accordance with paragraph 1.2 of Circular M02/95. Please tick as appropriate:

(1) Prolonged absence from school \_\_\_\_\_

(ii) Serious illness \_\_\_\_\_

(iii) Serious family trauma \_\_\_\_\_

(iv) Very poor academic record \_\_\_\_\_

(v) Change of school: \_\_\_\_\_

(a) due to change of domicile \_\_\_\_\_

(b) to take up a revised course of study \_\_\_\_\_

(c) for other reasons \_\_\_\_\_

Statement in support of 10 above :

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(11) Supporting copy documents attached:-

Attendance Record  Medical Certificate

Statements from School  Examination Results  Other

I am satisfied that the pupil named above complies with the criteria for repeating a school-year, that the particulars given on this form are accurate and the supporting documentation is attached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Manager/Principal.

**\*\*M02/95B forms when completed must be sent so as to reach the Post-Primary Administration Section 4, Department of Education, Cornamaddy, Athlone, Co. Westmeath, **not later than 31 May preceding the school-year in which it is intended to repeat.****

Note: A decision on the application will be conveyed to the school without delay. No school should assume permission until approval has been officially notified by the Department.

**FOR OFFICE USE**

Date application received \_\_\_\_\_

Supporting documents received \_\_\_\_\_

Allowed \_\_\_\_\_

Disallowed \_\_\_\_\_

Further information sought \_\_\_\_\_

Decision to school \_\_\_\_\_

**REPEAT LEAVING CERTIFICATE YEAR 2****REPEAT LEAVING CERTIFICATE COURSE FEES**

This form should be completed in respect of pupils who have sat the Leaving Certificate Examination and who will be repeating Leaving Certificate year 2 in accordance with the terms of paragraph 6.1 of Circular M02/95.

SCHOOL YEAR \_\_\_\_\_

NAME OF SCHOOL/VEC \_\_\_\_\_

ADDRESS \_\_\_\_\_

SCHOOL NO. \_\_\_\_\_

TYPE OF SCHOOL: Secondary I.; Vocational I.; Community I.; Comprehensive I.

**TOTALS**

<b>(A)</b> Total number of pupils repeating Leaving Certificate Year 2 who have sat the Leaving Certificate and who have availed of the standard maximum period at senior cycle	
<b>(B)</b> Number of pupils at (A) where the parents/guardians concerned are the holders of a current Medical Card	
<b>(C)</b> Number of pupils at (A) liable for payment of the course fee	

**TO BE COMPLETED BY SECONDARY/COMMUNITY/COMPREHENSIVE SCHOOLS**

Total amount now enclosed: £ \_\_\_\_\_

Crossed Cheque No.: \_\_\_\_\_ Bank: \_\_\_\_\_

(Cheque should be made payable to "The Accountant, Department of Education")

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Cheques from Voluntary Secondary and Community & Comprehensive Schools should be forwarded to Post Primary Administration 4, Department of Education and Science, Cornamaddy, Athlone, Co. Westmeath.**

**TO BE COMPLETED BY VOCATIONAL EDUCATION COMMITTEES**

Total amount collected: £\_\_\_\_\_

Signature of Chief Executive Officer: \_\_\_\_\_ Date:\_\_\_\_\_

Fee's collected by VEC controlled schools should be forwarded to the regional VEC concerned. VEC'S retain these fee's to their own accounts and notify Post Primary Administration 4 of the amount collected by completing this form, together with a remittance of the course fees, and forward to Post-Primary Administration Section 4, Department of Education, Cornamaddy, Athlone, Co. Westmeath by the 7 October of the year in which the pupils are repeating (or as soon as possible there-after)

**\*Note – VEC Schools or regional VEC's should not forward actual Repeat Leaving Cert Fee cheques to the Department of Education and Science.**

**FOR OFFICE USE ONLY**

Cheque £\_\_\_\_\_

Recd. \_\_\_\_\_

Ckd. \_\_\_\_\_

To A/B \_\_\_\_\_