

## Language Exemption Declaration Form

### Applicant Information:

First name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

CAO No: \_\_\_\_\_

### Attendance at Post-Primary School:

Year of commencement of study at second-level in your School. (E.g.1st 2nd year, 3rd year...):

YEAR: \_\_\_\_\_

### Disability or Specific learning Difficulty – please tick appropriate box.

Specific Learning Difficulty

Significant Sensory Disability affecting language skills

### School Principal Declaration:

This is to certify that the information on this form relating to this student is correct.

School Principal signature: \_\_\_\_\_

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

School address: \_\_\_\_\_

School stamp:

School Email: \_\_\_\_\_

School phone no. \_\_\_\_\_