



Language Exemption Declaration Form

Applicant Information

First name(s)

Surname

Address

Date of Birth

Format DD-MM-YY

CAO number

Home phone no.

Mobile phone no.

Email

Please include email address you check most regularly

Attendance at Post-Primary School

Years of commencement of study at second-level (E.g. 2nd year, 3rd year):

Please indicate the reason for this Language Exemption Application:

Disability or Specific Learning Difficulty

Born and part-educated outside of Ireland

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 Phone no.

School Stamp:

School Email Address