



## Rockwell College Scholarship Examination 2024 Entry Form

*I wish to register the following pupil for the Rockwell College Scholarship examination*

Name of Pupil: \_\_\_\_\_ (Block Capitals)

Address: \_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

Contact Number Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Present Primary School : \_\_\_\_\_

Primary School Address : \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian)

Name: \_\_\_\_\_ (Block Capitals)

I understand that if my child is awarded the Scholarship, this information will be shared with his/her Primary School Principal.

**THE SCHOLARSHIP EXAMINATION WILL TAKE PLACE FROM 5.30P.M TO 8P.M on WEDNESDAY 31<sup>ST</sup> JANUARY 2024 AT ROCKWELL COLLEGE. PLEASE ARRIVE AT 5P.M.**

**THIS REGISTRATION FORM IS REQUIRED FROM ALL PARTICIPANTS AND MUST BE SUBMITTED TO THE REGISTRATION DESK ON THE EVENING OF THE EXAM.**

**PLEASE DO NOT POST IN ADVANCE.**

**A fee of €50 applies to all candidates for the Scholarship Exam. This fee is deducted from the school fees of candidates who enrol in First Year at Rockwell College.**

**€50 cash or card accepted on the day.**

**Thank you.**