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.

SCHOO	DL YEAR		
NAME	OF SCHOOL/VEC		
ADDRE	SS		
SCHOO	DL NO		
TYPE C	DF SCHOOL: Secondary I_I; Vocational I_I; Community I_I; Comprehensive	_I. TOTALS	
(A)	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)	Number of pupils at (A) where the parents/guardians concerned are the holders of a current Medical Card		
(C)	Number of pupils at (A) liable for payment of the course fee		
	COMPLETED BY SECONDARY/COMMUNITY/COMPREHENSIVE SCHO	DOLS	
Crossed Cheque No.: Bank:			
(Cheque	e 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 to their own accounts and notify Post Prim together with a remittance of the course fees, at	ld be forwarded to the regional VEC concerned. VEC'S retain these ary Administration 4 of the amount collected by completing this formed forward to Post-Primary Administration Section 4, Department of ath by the 7 October of the year in which the pupils are repeating (o
*Note – VEC Schools or regional VEC's shou Department of Education and Science.	ld not forward actual Repeat Leaving Cert Fee cheques to the
<u>F0</u>	R OFFICE USE ONLY
Cheque £	
Recd	
Ckd	
To A/B	