

HEAR**HIGHER
EDUCATION
ACCESS
ROUTE****HEAR DEIS Second Level School
Attendance Confirmation Form****Section 1: To Be Completed by HEAR Applicant****HEAR Applicant's Name:****CAO Number:** **Date of Birth:** / / **PPS number:** **Section 2: To be Completed by DEIS School(s)****Official DEIS School Name:****School Roll Number:** **Years of Attendance: From** **to** **Name of Principal/Deputy Principal:****Signature of Principal/Deputy:****Date:** / / 21

School Stamp

Only to be completed by Applicants that have attended more than one DEIS School

Official DEIS School Name:

School Roll Number:

Years of Attendance: From **to**

Name of Principal/Deputy Principal:

Signature of Principal/Deputy:

Date: / / 21

School Stamp

**Please send the completed form to:
CAO, Tower House, Eglinton Street, Galway by 17:15 on 17 May.**