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



## State Examinations 2024

## Claim for Refund of fees paid for Practical/Aural/Computer Science/LCVP/Listed LCA Subjects

PPS No: \_\_\_\_\_

School Name:		School Roll No:
PRACTICALS/LCVP/COMPUTER SCIENCE		
SUBJECT	Total Number of Candidates	Total Number of Days Claimed
COMPUTER SCIENCE		
LCVP		
ENGINEERING		
CONSTRUCTION		
ART		
AURALS		
SUBJECT	Total Number of Candidates	Total Number of Superintendent Sessions Claimed
IRISH		
FRENCH		
GERMAN		
SPANISH		
RUSSIAN		
ITALIAN		
JAPANESE		
MANDARIN CHINESE		
PORTUGUESE		
POLISH		
LITHUANIAN		
MUSIC		
LEAVING CERTIFICATE APPLIED		
SUBJECT	Total Number of candidates	Total Number of Superintendent Sessions Claimed
INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)		
COMMUNICATIVE IRISH		
FRENCH		
GERMAN		
SPANISH		
ITALIAN		
Total Number of Days/Sessions	@ Rate	Total Amount Claimed
	€ 50.47	€
	€ 66.13	€
	€ 132.28	€
	TOTAL AMOUNT DUE	€
FORM TO BE COMPLETED INDIVIDUALLY FOR EACH SUPERINTENDENT		
Signed:(Supe	erintendent)	Date:
Declaration  I certify the Superintendents has carried out their duties in a satisfactory manner.  I certify I have paid the Revenue Commissioners the appropriate PAYE, PRSI & USC.  I certify I have paid the Revenue Commissioners the employers PRSI.  I now claim a total refund of € (which includes the Employer PRSI @ class J1).  Signed: (Principal)  Date:		