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# INDIVIDUAL AND SMALL GROUP ENTRIES ONLY:

## NAME(S) OF STUDENT(S)

Name of Student 1  
(Please print clearly)

Name of Student 2  
(Please print clearly)

Name of Student 3  
(Please print clearly)

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# SCHOOL-BASED ENTRIES ONLY:

## TEACHER DETAILS

Teacher Name  
(Please print clearly)

Telephone Number  
(Please print clearly)

E-mail Address  
(Please print clearly)

Teacher Signature  
(Please print clearly)

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## SCHOOL DETAILS

School Name  
(Please print clearly)

Address  
(Please print clearly)

E-mail Address  
(Please print clearly)

Telephone Number  
(Please print clearly)

Signature of Principal  
(Please print clearly)

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# SIGNATURE(S) OF PARENT (GUARDIAN(S))

Signature of parent/guardian 1

Signature of parent/guardian 2

Signature of parent/guardian 3

Please tick if you do not wish your child's image or voice to be used for promotion of Irish Young Philosopher Initiatives