



# Castlerea Community School

Tel: (094) 9620177 / 9621013 Fax: (094) 9621016

## Student Enrolment Application form 2019 / 2020

### Entry Year Group:

- 1<sup>st</sup> Year       2<sup>nd</sup> Year       3<sup>rd</sup> Year       TY   
 5<sup>th</sup> Year       LCA1       6<sup>th</sup> Year       LCA2       SEN

Name of applicant: \_\_\_\_\_

### Part 1: Student's Personal Details

Student's Forename: \_\_\_\_\_

Student's Surname: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's PPS number: \_\_\_\_\_

Student's Nationality: \_\_\_\_\_

Student's Religion: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Student's Present Postal Address:

Second Parent's Postal Address (if different)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Names of Siblings already enrolled in Castlerea Community School:

Name: \_\_\_\_\_

Year: \_\_\_\_\_

Name: \_\_\_\_\_

Year: \_\_\_\_\_

*Part 2: Student's Medical Details*

Name of student's G.P: \_\_\_\_\_ G.P Telephone No. \_\_\_\_\_

G.P Address: \_\_\_\_\_

Is your child on medication or under medical supervision? Yes  No

If yes, please give details: \_\_\_\_\_

Is the student a holder of a Medical Card? Yes  No

*Part 3: Student's Educational Details*

Name of previous school: \_\_\_\_\_

Address of previous school: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Last date of attendance in previous school: \_\_\_\_\_

\*Details of Special Education Needs, including support measures which have been previously availed of, eg. Resource hours, assistive technology

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Does the applicant have an official Department of Education and Skills Irish Exemption?

Yes  No  (If yes, please enclose copy of official Exemption Certificate)

*Part 4: Additional Information*

Please state any relevant family information which you feel the school should be aware of (eg. in foster care, bereavements etc.) including any special interests / achievements that your child has.

\_\_\_\_\_  
\_\_\_\_\_

### Part 5: Contact Details

Mother's Home Tel. \_\_\_\_\_

Father's Home Tel. \_\_\_\_\_

Mother's Work Tel. \_\_\_\_\_

Father's Work Tel. \_\_\_\_\_

Mother's Mobile Tel. \_\_\_\_\_

Father's Mobile Tel. \_\_\_\_\_

Mother's email \_\_\_\_\_

Father's email \_\_\_\_\_

Number to be used for texting purposes: \_\_\_\_\_

### Part 6: Declaration

I \_\_\_\_\_, *(Please print parent/guardian name)* have read and fully understand the Code of Behaviour and the Admissions Policy of Castlerea Community School (copies are available by request from the school, or on the school website). I hereby accept these policies in their entirety and together with my son/daughter/care will adhere to all their principles in full. I declare that information I have given on this form is true and accurate. I have attached all relevant reports necessary to complete the application and understand that failure to provide all necessary documentation will result in my application being deemed incomplete until such time that the documentation becomes available. I am aware that an untrue statement on this or subsequent forms could lead to the withdrawal of any offer of a place or the removal of the applicant from the school.

Signature of parents/guardians:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### Part 7: Check-list

- Fully completed application form
- Academic, Discipline and Attendance Report/s from previous school
- Birth Certificate - long form
- Proof of PPS number
- \* SEN reports / psychological assessments (if applicable)
- \*\* Proof of Irish Language Exemption (if applicable)

#### Photograph Opt In/Out:

From time to time, students may be photographed for the purposes of highlighting achievements / school promotion. Please indicate if you consent for your child's photograph to be taken and used by the school for these purposes only:

Yes  No