



St.Finian's C.C Enrolment Application 1st Year 2016-2017

Student's Details (PLEASE USE BLOCK CAPITALS):

Surname _____ **First Name** _____ **Second Name** _____

Home Address (where student lives) _____ **Second Address (if relevant)** _____

Email: _____

Date of Birth: dd/mm/yyyy _____ **Home Telephone No:** _____
 Applicants **must be 12** on 1st January 2014

Student's Gender: Male _____ **Female** _____ **No. of Children in Family:** _____

Student's Country of Birth: _____ **Student's nationality** _____

(Where nationality is not within the E.U., please provide **copy** of any useful documentation, i.e., passport, evidence of emigration status, etc. This must be accompanied by an English translation if not in English.)

If student is from outside Ireland when did his/her education in Ireland begin: _____

Student's Position in Family: _____

Student's Public Personal Service Number (P.P.S.) Number: _____

PPSN numbers are required by the Department of Education and Skills. If this is not included on the application form, the form will not be processed until it is. If you do not have this number for your son/daughter you will need to telephone the following number: 01-7043281 (Registration Section, Department of Social, Community & Family Affairs)

Parent(s)/Guardian(s) Details:

Father's First Name: _____ **Mother's First Name:** _____

Surname: _____ **Surname:** _____

Mother's Maiden Name: _____

Occupation: _____ **Occupation:** _____

Work No: _____ **Work No:** _____

Mobile No: _____ **Mobile No:** _____

Please give details of person to contact if none of the above is contactable:

Name: _____ **Contact No:** _____ **Relationship to Student:** _____

Present Post Primary School Details:

Name of Present Post Primary School: _____

School Phone No: _____ **School Roll No:** _____

Principal: _____ **Year Head:** _____

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Health Details:

Family Doctor: _____ Phone No: _____

Do you hold a medical card? If yes please give the medical card number: _____

Do you hold a G.P. visit card? If so give the number: _____

Details of medical history (where relevant): _____

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Has your child received learning support in primary school? If yes, please give details, and include report if appropriate.

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Has your child received language support in primary school? If yes please give details:

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Has your child an official exemption from Irish? If yes, please include letter of exemption from studying Irish.

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| Yes | No | Please tick ✓ |
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Are there any other circumstances it would be helpful to be aware of?

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Hobbies and Interests:

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Parent(s)/Guardian(s) Signatures:

Father: _____

Mother: _____

Student's Signature: _____

Date of Application: _____

To:
Ms Sandra Mythen,
Castlefarm,
Swords,
Co. Dublin.
Phone: 01-8402623
Fax: 01-8407339
e-mail: stfinianscc@ddletb.ie

IMPORTANT: Please include the following:
Student's Original Birth Certificate

2 Passport Photographs of Student
For Office Use Only:

Date of receipt of application: _____

Signed: _____

Submission of this application does not guarantee a place in the College.