

St. Finian's Community College Enrolment Application Form

Application for Admission to: 2nd 3rd 4th 5th 6th Year

2016-17

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: _____

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

Student's Country of Birth: _____ Student's Position in Family _____

(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 Nationality: _____ Language Spoken at Home: _____

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: _____

All correspondence should be addressed to: _____

(Correspondence Title i.e. Mr+ Mrs, Mr, Mrs. _____ + Surname

Health Details:

Family Doctor: _____ Phone No: _____

Medical Card Holder: Yes No If Yes, state Card Number: _____ Expiry Date: _____

G.P Visit Card Holder: Yes No If Yes, state Card Number: _____ Expiry Date: _____

Any health concerns? Tick as appropriate:

Hearing Sight Asthma Epilepsy Diabetes

Other (specify): _____

If your child has any other specific medical needs, please state separately on an attached sheet and sign document.

Present Post Primary School Details:

Name of Present Primary School: _____ Principal: _____

School Phone No: _____ School Roll No: _____

Dates attended: From _____ To _____ Year Head: _____

Please list all subjects studied in previous school: _____

Has your child ever received a Psychological Report? : Yes No Date of Report: _____ (If "Yes", please submit a copy of most recent report).

Does your child receive any other support e.g. Speech & Language, Physiotherapy? Occupational Therapy etc. Yes No If YES, State details : _____

Does your child attend a Resource/Remedial Teacher for: Maths English

Does your child receive English Language Support?: Yes No If Yes, please specify dates of support to date: From: _____ To: _____

Does your child have an exemption in Irish? Yes No . If yes attach DES certificate

Reason for changing school _____

Are there any other circumstances it would be helpful to be aware of? _____

State your child's general interests/hobbies/other relevant information: _____

COMPLIANCE WITH SCHOOL POLICY:

I understand, accept and agree to the aims and rules of St. Finian's C.C as stated in the school's Admission Policy and Code of Behaviour (available on our school website www.stfinianscc.ie). I agree to monitor my child's progress through the school journal. (A replacement journal cost €15).

Parent/Guardian: _____ Date: _____

(Signature) I understand, accept and agree to the aims and rules of St. Finian's C.C as stated in the school's Admission Policy and Code of Behaviour.

Student: _____ Date: _____

(Signature)

"I DECLARE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT"

Mother /Guardian: _____ Father/Guardian: _____

Student's Signature: _____ Date of Application: _____

CHECKLIST Have you:

- Included your child's PPS Number Enclosed ORIGINAL long Birth Cert (for photocopying by our office)
- Ticked the boxes filled in and signed all relevant sections Transfer form filled in by Principal of Previous School
- Last 2 reports and Junior Cert. (if applicable)

Date of receipt of application: _____ Office Only
Signed: _____