

Coláiste Chiaráin



Neart le chéile

Coláiste Chiaráin Athlone

STUDENT ENROLMENT APPLICATION FORM FOR
1ST YEAR: Academic Year 2017-2018

This enrolment form is to be used by the father/mother/legal guardian of 6th class students to make an application for enrolment in Coláiste Chiaráin

The Closing Date for receipt of applications is 3pm on Friday 17th February 2017.

Section A: Student Details *(Required for school enrolment and contact purposes)*

1. Student Details

Student Forename(s)		Student Surname	
Male/ Female		Date of Birth	
Nationality		Original Birth Cert enclosed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Student's Principal Residence (Home Address)		Name of siblings currently enrolled	
Student PPS No.		Religion/Faith	
Languages spoken at home		Mother maiden name	

2. Primary School Details

Name of Current Primary School		Name of Previous Schools attended (if any)	
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3. Parent/Legal Guardian Details

	Mother/Legal Guardian	Father/Legal Guardian
Forename		
Surname		
Address		

Relationship with student (if not Parent/Legal Guardian)		
Home Phone Number		
Mobile Number (numbers will also be used for school text alerts)		
Email		

Section B: Educational Details

1. Study of Irish

A) Irish is a compulsory subject for all students. Exemptions from the study of Irish are only granted in exceptional cases. Is the student currently studying Irish? (Please tick the relevant box)

Yes No

B) If the answer to question is 'No' please indicate the reason by ticking a, b or c below:

Option	Reason	Please tick (v)
(a)	The student lived outside of Ireland until 11 years of age	
(b)	The student is re-enrolling in a state school having spent at least three years abroad and is at least 11 years of age	
(c)	The student has a psychological report recommending exemption from the study of Irish. The assessment has been carried out within the last three years. (In this case the school will require a copy of this report)	

2. Access to Resource/Learning Support Hours in Primary School

Please provide details (if any) of resource/learning support or SNA support that the student has received in primary School.

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Section C: Medical Details

Doctors Name:	
Do you have a family medical card?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Any other relevant medical information/concerns

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Please note the following carefully:

- Late applications will only be considered if places remain available
- Completion and submission of this Enrolment Application form is not a guarantee of enrolment
- This form must be fully completed and accompanied by all the relevant documentation in order for it to be processed (copy of birth certificate, psychological reports, Irish exemptions etc.).
- By signing this form, you are giving permission for Coláiste Chiaráin and the Department of Education and Skills (DES) to retain and share personal information about the students enrolled in the school for the purposes as outlined in the DES Circular Letters 0047/2010 & 0023/2016 (available on www.education.ie). This applies to all schools.

We declare that the information we have provided is accurate and true

Student Signature	
Date	
Father/Mother/Legal Guardian Signature	
Date	

<i>Completed Applications to</i>	<i>Closing Date for applications</i>
The Principal Coláiste Chiaráin Summerhill Athlone Co Roscommon N37 AH97	3pm on Friday 17th February 2017

For office use only:

Date Received:

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