

OFFICE USE
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ASHBOURNE COMMUNITY SCHOOL

Application for Admission 1st Year 2012/2013

Closing date for receipt of application form is Friday 4th November, 2011 @ 4.00 pm.

PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANTS.

PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

STUDENT'S PERSONAL DETAILS:

Surname: _____ First Name: _____ Male Female

Address: _____

Date of Birth: _____ Student PPS No: _____

Religion : Roman Catholic Other, specify: _____

Number of children in family Place in Family

Parent/Guardian Mobile Nr: _____ *(This number will be used to text important information from time to time to Parents/Guardians at no cost to you).*

Country of Birth: _____

If 'Country of Birth' is not Ireland state date of entry into Ireland: _____

(State language spoken at home) _____

Is your child a member of the Traveller Community*? Yes No

**"Traveller Community" means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions including historically, a nomadic way of life on the island of Ireland Section 2(1) of the Equal Status Act, 2000.*

Mother's Name: _____

Father's Name: _____

Mother's Maiden Name: _____

Mother's Occupation: _____

Father's Occupation: _____

Tel: (Home): _____

Tel: (Home): _____

Tel: (Work): _____

Tel: (Work): _____

Mobile Nr: _____

Mobile Nr: _____

All correspondence should be addressed to : _____
(Correspondence title i.e. Mr. & Mrs/Mrs/Mr + surname).

MEDICAL DETAILS:

Doctor's Name: _____ Doctor's Phone No.: _____

Any health concerns? **Tick as appropriate:**

Hearing

Sight

Asthma

Epilepsy

Other (specify): _____

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

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

EDUCATION:

Does your child have an exemption from Irish in National School? Yes No
(If Yes, please attach DES Certificate).

Official Name & Address of Primary School: _____

Name of 6th class teacher: _____

State final Year @ this Primary School: _____

Has your child ever received a Psychological Report?: Yes No Date of Report: _____

Does your child receive any other support e.g. Speech & Language, Physiotherapy?

Occupational Therapy etc. Yes No If YES, State Name of Clinic: _____

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: _____

Name(s) of siblings who currently attend Ashbourne Community School: _____

Name(s) of sibling past pupils & year of completion @ Ashbourne C.S. _____

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

PARENT/GUARDIAN CONSENT:

(Tick boxes and sign below)

In accordance with the Department of Education & Skills' guidelines, the Board of Management must seek permission parents/guardians in the following areas:

a) DES Database

- I give permission for Ashbourne C.S. and the Dept of Education & Skills to retain personal information about my child for purposes as outlined in DES circular 0047/2010 (a copy of which is available at www.education.ie or on request from the school office).

b) Critical Incidents

- In the event of a critical incident involving the school community, I give permission for my son/daughter to receive counselling by an outside agency, if required.

c) School Website/Publications

- I give permission for the use of school related photographic images which include my son/daughter on the school website or in other publications.

Parent/Guardian: _____
(Signature)

COMPLIANCE WITH SCHOOL POLICY:

I understand, accept and agree to the aims and rules of Ashbourne Community School as stated in the school's Admission Policy and Code of Behaviour (available on our school website www.ashcom.ie).

I agree to monitor my child's progress through the school journal. (A replacement journal cost €10).

Parent/Guardian: _____ Date: _____
(Signature)

I understand, accept and agree to the aims and rules of Ashbourne Community School as stated in the school's Admission Policy and Code of Behaviour.

Student: _____ Date: _____
(Signature)

CHECKLIST

Have you:

- Enclosed 2 Photos signed at back on page 1
- Included your child's PPS Number on page 1
- Enclosed ORIGINAL long Birth Cert (for photocopying by our office)
- Ticked the boxes and signed all relevant section
- Enclosed 2 original current Utility Bills i.e. Electricity, Gas, Landline Phone bill ONLY (for photocopying by our office staff).

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

Signature: _____
Parent/Guardian

Date: _____

