

OFFICE USE
Date Stamp



ONE PHOTO
Signed at back

ASHBOURNE COMMUNITY SCHOOL

Application for Admission to academic Year _____
YEAR GROUP: 2nd 3rd 4th 5th 6th

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: _____

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)

Name of last school attended: _____ School phone number: _____

Dates attended: From: _____ To: _____ Name of Form Tutor/Year Head: _____

Please list all subjects studied in previous school: _____

PREVIOUS EDUCATION HISTORY:

(Please list in descending chronological order previous schools attended: Give full name and address of school and dates attended)

Reason for transfer to this 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: _____

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 Discipline Policy (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 Discipline Policy.

Student: _____ Date: _____

(Signature)

CHECKLIST -

Have you

**Enclosed 1 Photo 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 sections?**

