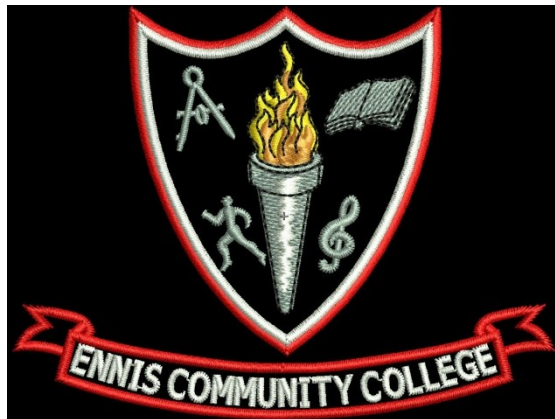




GAELOHOLÁISTE AN CHLÁIR



NAME: _____

FIRST YEAR SCHOOL ENROLMENT FORM
2015/2016

INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION.

Please complete in CAPITAL LETTERS, using blue/black pen.

PLEASE ENSURE YOU HAVE ENCLOSED THE FOLLOWING:

Complete Application Form

Original Birth Certificate *(copy will be taken and original will be returned)*

1 Passport Photo *(name on back)*

Academic Report from Primary School(s) *(upon acceptance)*

NB: Official Irish Exemption Certificate *(if applicable)*

Copy of Psychological Assessments *(if applicable, upon acceptance)*

Photocopy of Medical Card *(if applicable)*

Student Details:

Surname: _____

Forename: _____

Address: _____

Date of Birth: _____/_____/_____

Male Female

Country of Birth	
Nationality	

PPS Number: _____

New Entrant to Ireland: Y N

Date of Entry to Ireland (if applicable): ____/____/____

Medical Card Number: _____

If you cannot locate number, please contact your local Social Welfare Office (Ennis: 065-6829899)

Family Details:

Father Guardian (please tick)

Surname	Forename	Nationality	Home Telephone	Work Telephone	Mobile Telephone

Father/Guardian Postal Address	Father/Guardian Occupation

Email address _____

Mother Guardian (please tick)

Surname	Forename	Nationality	Home Telephone	Work Telephone	Mobile Telephone

Mother's surname before marriage	
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Mother/Guardian Address	Mother/Guardian Occupation

Email address _____

Siblings

Number of children in the family: _____

List each child's age and school they are currently attending (where applicable)

Age	School	Age	School

Forwarding Name(s) and Address(es) for Official School Correspondance:

Name: _____

Address: _____

Telephone Number: _____

In the case where parents have seperate addresses, please tick if both should be contacted

Student's Previous Schooling:

List *any* previous schools attended, address of school and years in attendance (In Ireland or otherwise)

School: _____ Years: _____ to _____

School: _____ Years: _____ to _____

School: _____ Years: _____ to _____

Irish or Foreign Language Exemption Certificate:

1. Does your son/daughter have an exemption from Irish or foreign languages from the Department of Education and Science?

Yes No

2. If Yes, please enclose a copy of the Irish Exemption Certificate.

Note: Students who do not have an official exemption from Irish from the Department of Education & Skills must study Irish.

If Irish or English is NOT the Student's First Language

State student's first, second & third languages;

(1) _____ (2) _____

(3) _____

How many years has he/she been studying English? _____

Student's Level of Irish:

Beginner Beginner- Intermediate Intermediate Intermediate- Advanced Advanced

Parents'/ Guardians' Level of Irish:

Beginner Beginner- Intermediate Intermediate Intermediate- Advanced Advanced

Students with Special Education Needs

1. Has the student ever had a Psychological Assessment? Yes No

2. Date of Assessment: ____ / ____ / ____

3. Name & Address of Psychologist _____

4. Did the student have a Special Needs Assistant (SNA) in the previous school? Yes No

5. Was the student receiving resource/ learning support? Yes No

6. If yes, how many hours per week? _____

Exceptionally Able Students (IQ greater than 130)

1. At what age was your child identified as being exceptionally able? _____

2. What standardised test was used to identify this talent? (ie psychological assessment, SAT tests, IQ test)

3. Is he/she attending accelerated learning courses outside of school? Yes/ No

4. If Yes please give details.

5. Is the student a member of the Centre for Talented Youth in Ireland (CTYI)? Yes No

6. Is the student a member of the Irish Association for Gifted Children (IAGC)? Yes No

Health:

Please outline any health related issues and/or medication that the school needs to be aware of: _____

Note: The school must be notified immediately if (a) there is a change of address (b) there is a change of telephone numbers.

Declaration

I declare that all the above information to be true and give my consent to contact any of the named professional personnel/ organisation on this form.

Signed: _____

Date: _____

For Official Use Only

TS : Yes No