

St. Anne's Community College

Enrolment Application Form 2014/2015

(Personal details in block letters)

Full Name: _____

Address: _____

Date of Birth: _____ (Please provide a copy of Birth Certificate)

Personal Public Service Number (PPS Number) _____
(PPS number is mandatory and application form will not be accepted unless it is provided)

Parent/Guardian 1

Parent/Guardian 2

Name: _____

Home Ph: _____

Mobile No: _____

Work Ph: _____

Address if different from above: _____

Mobile Phone Number to be used for Texting Service: _____

Mother's Maiden Name: _____

Brothers/Sisters of student to be enrolled who are attending or have attended St. Anne's:

Name(s):	Class
_____	_____
_____	_____
_____	_____

Please return completed form to St. Anne's Community College, Killaloe, Co. Clare by Friday 8th November, 2013. Any queries please telephone 061 376257

Has your son/daughter any Medical Condition that the school should be aware of? If yes please give details:

Family Doctor: _____ **Tel:** _____

Medical Card Holder: **Yes** **No**

Primary School Attended: _____

Does your Son/Daughter have any Special Educational Needs? If yes please give details and sign the consent form below

I, the parent/guardian of _____ grant permission to St. Anne's Community College to access the Primary School records and to contact the National Education Psychological Services re assessment and intervention. I also agree to provide the school with any reports/assessments/ information available regarding the students Special Educational Needs so that the school can access resources and best meet the needs of the student.

Signed: _____ **Date:** _____

- (1) **Has the student been assigned Resource hours by the NCSE?** **Yes** **No**
- (2) **Has the student been assigned SNA support by the NCSE?** **Yes** **No**
- (3) **Does the student have an Irish Exemption?** **Yes** **No**

Pupils with an Irish Exemption must provide a Certificate of Exemption outlining the reason for the exemption in accordance with DES Circular M10/94.

(Please confer with 6th class teacher if unsure about (1), (2) or (3))

If you do not wish your son/daughter to leave the school grounds at lunch time or you do not want their photograph used in school-related productions, school website, brochures etc. please inform the school Principal in writing prior to the commencement of the new academic year.

I certify that all the above information is correct.

Signed: _____ **Date:** _____

Parent/Guardian

Please attach 2 passport photos to your application form