

St. Anne's Community College

Enrolment Application Form 2nd, 3rd, TY, 4th & 5th Year (Personal details in block letters)

First Name:		Surname:	
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Address:	

Date of Birth		PPS No.	
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Nationality:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Parent/Guardian (1)	Parent/Guardian (2)
Name:	
Mobile:	
Home:	
Work:	
email:	
Address (if different from above)	
Mobile Phone Number to be used for Texting Service:	
Mother's Maiden Name:	

Year for which application is made:	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	TY <input type="checkbox"/>	4th <input type="checkbox"/>	5th <input type="checkbox"/>
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Reason for changing school?

School Details:
School currently attending: _____
Principal's name and phone number: _____
If applicable please state other post-primary schools attended: _____ _____
Name of PRIMARY School attended: _____

Special Educational Needs: (SEN)

Has your son/daughter Special Educational needs? Yes No

If YES, please give details and complete this section: _____

(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

I, the parent/guardian of _____ agree to provide the school with any reports/assessments/information available regarding the students Special Educational Needs. I also grant permission to St.Anne's to access SEN record from previous schools and also to contact support services re assessment and intervention as deemed necessary, so that the school can access resources and best meet the needs of the student.

Signed: _____
Parent/Guardian

Date: _____

Medical Issues:

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

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.

I certify that all the above information is correct.

Signed: _____
Parent/Guardian

Date: _____

Please return this form and the Principal's report accompanied by:
Copies of all school reports and any other reports/assessments if applicable
Please attach 2 passport photos to your application form

This Section must be completed by the PRINCIPAL of the school currently attending

Students Name:		Class:	
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Subjects:			

Please provide an assessment using the following headings:

Attendance/Punctuality _____

Has he/she been referred to the NEWB? Yes No

Application to work: _____

Special Education needs:

Resource hours Yes No

SNA support Yes No

Assistive Technology Yes No

Irish Exemption Yes No (if yes exemption certificate is required)

Have there been any behavioural issues with this student? If yes please give details.

Extra Curricular involvement: _____

Principal's Signature:

Date:

SCHOOL STAMP
