

**St. Clare's Comprehensive School
Manorhamilton Co.
Leitrim**



Principal – Mr. John Irwin, Deputy Principal Ms. Ceola McGowan

APPLICATION FORM FOR STUDENT ENROLMENT 2016-2017

Student's Name _____

School Year _____

Please print

We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your child's personal data you should write to the School Principal.

This form is available during the annual visits to the primary schools as part of our transfer programme or on request from St. Clare's Comprehensive. Please fill it out fully and return to St. Clare's on Enrolment night or in advance if possible.

Photographs/Videos of Students.

St. Clare's maintains a database of photographs/videos of school events held over the years. It has become customary to take photos/videos of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at St. Clare's Comprehensive. Photographs/videos may be published on our school website or in brochures, newsletters, local and national newspapers and similar school related productions. If you would prefer not to have your child's photograph/video included in such records, please notify the Principal.

Special Educational Needs.

Where an applicant has recognised special needs, parents/guardians should make application in January preceding the September intake, and supply copies of relevant reports or recommendation or assessments, to facilitate either provision of appropriate supports, or application to the Dept. of education & Skills for such supports.

FAMILY DETAILS (Required for school enrolment and parental contact purposes)

Forenames: _____ Surname _____
As per Birth Certificate As per Birth Certificate
(Please attach copy of Birth Certificate at enrolment (will not be returned unless requested))

Date of Birth: _____

Child's PPS Number: _____ **Students must enter PPS Number**

Male Female Country of Birth: _____

Home Address: _____

Nationality: _____ Living in Ireland since (as appropriate) _____

Mother's Maiden name: _____

Mobile No. for receiving Texts from school: _____
(Must be parent/guardian mobile number-one number please)

Previous school attended: _____

Address: _____

I/we the parent(s)/guardian(s) of the above named student give permission to the above named Primary School/s to release information on said student to St. Clare's Comprehensive

Medical card: **Yes/No** (Circle where appropriate)

Doctor: _____

No. of Children in family _____ Position in family: _____

Religion _____

Postage name of parent/guardian: _____
(This is how envelopes will be addressed to you, e.g. Mr. & Mrs. Or Ms. etc)

PARENTAL/GUARDIAN DETAILS	PARENTAL/GUARDIAN DETAILS
Forename_____	Forename_____
Surname_____	Surname:_____
Mobile No_____	Mobile No:_____
Phone No(Home)_____	Phone No(Home)_____
Phone No(Work)_____	Phone No(Work)_____
Relationship to Child_____	Relationship to Child_____
Occupation(optional)_____	Occupation(optional)_____
Address_____	Address:_____
Email:_____	Email:_____

EDUCATIONAL DETAILS (Required for the assessment of individual educational needs)

Please note:

Irish is a compulsory subject for all students.
Exemptions are only granted in exceptional cases.

In general, any student who is granted an exemption will either:

- (a) Have a psychological assessment recommending exemption. This assessment will have been carried out within the last 3 years. The school will require a copy of this report before exemption is granted. Or

(b) Student lived outside or Ireland until 11 years of age. Is the student currently studying Irish? Yes No

If you answered "No", please indicate the reason (a or b above) (and provide the official letter of exemption from the study of Irish for our files.)

Has the student ever received teaching support in their current school for any subjects?

Yes No

If you answered "yes" please give details of subjects and the support received.

Has the student an educational/psychological or other relevant assessment? Yes No

Is a current Report available? Yes No

Completed within the last three years. Please provide a copy of the report for our files)

Any other relevant information _____

Other Emergency Name and Contact Number

Name _____ Phone No _____

Relationship to Child _____

If there are any legal orders or other arrangements in place governing access to, or custody of, the child, please provide details.

Please indicate name and address of person(s) to whom correspondence is to be sent regarding educational progress of the student, if different from Parental/Guardian details.

Does the student have any brothers or sisters in this school? Yes No

If yes please indicate names

Name(s) _____

MEDICAL DETAILS

(Required to ensure the school has an accurate record of medical conditions as well as your doctor's contact details in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff. Some of this information is required by the Department of Education and Skills)

Does the student have any specific, on-going health problems? Yes No
(e.g. hearing, eyesight, asthma, diabetes, epilepsy, on-going prescribed medication) If "Yes" please give details _____

Procedures to follow (for a particular illness) _____

Does the student have any allergies you are aware of? Yes No
If "Yes" please give details _____

Note: Please advise the school Authority should any of the above details change in the future.