

STUDENT NAME: _____

Attach passport sized
photograph of student

SCARIFF COMMUNITY COLLEGE



ENROLMENT FORM 2018/2019

PLEASE ENSURE YOU HAVE COMPLETED/ENCLOSED THE FOLLOWING:

- Application form
- Passport photo (with name on back)
- Original** birth certificate (will be copied and returned)
- Academic report from previous school (not applicable to incoming first year)
- Irish exemption certificate (if applicable)
- Copy of latest school reports (not applicable to incoming first year)
- Copy of psychological assessments/reports (if applicable)

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO
APPLICANT FOR COMPLETION**

Scariff Community College fully respect your right to privacy. Any personal information which you give will be treated with the highest standards of security and confidentiality and will be used for the purposes it is intended, strictly in accordance with the Data Protection Acts.

**PLEASE COMPLETE ALL FIELDS IN BLUE OR BLACK INK
TO BE COMPLETED BY PARENT/GUARDIAN ONLY**

Year for which application is made *(please tick ONE appropriate box)*:

Junior Cert Course

Leaving Cert Course Transition Year

LCA

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STUDENT DETAILS

Surname: _____

Forenames: _____

(as on birth certificate)

(as on birth certificate)

Male Female

PPS No (essential): _____

Address: _____

Eircode: _____

Country of birth: _____ Nationality: _____

Date of Birth: _____

PARENT/GUARDIAN DETAILS

Father OR Guardian

Mother OR Guardian

Surname: _____

Surname: _____

Forename: _____

Maiden name: _____

Forename: _____

Address: *(if different from above)*

Address: *(if different from above)*

Telephone: _____

Telephone: _____

(home)

(home)

Telephone : _____

Telephone: _____

(work)

(work)

Mobile: _____

Mobile: _____

Parent/guardian mobile number to be used for text messaging (**essential**):
_____ Parent/guardian email address to be used for school correspondence :

If parents reside at different addresses please specify the address (and parent) to which we forward school correspondence.

SIBLINGS/HEALTH

Number of children in family _____ Applicant's position in family (*1 = eldest*)
Please state ages of other siblings and the school (if any) they are attending:
NAME SCHOOL YEAR/CLASS

Any health problems: _____ Medical card holder Yes No
Family doctor: _____ Telephone Number: _____

SCHOOLING

Primary school: _____ School roll number: _____

If transferring from a POST PRIMARY school, please complete the remainder of this section

Previous schools attended:

School: _____ Years from _____ to _____

School: _____ Years from _____ to _____

Please tick most recent academic programme undertaken and years attended:

(please specify)	Junior Cert	Transition Year	Leaving Cert	Leaving Cert Applied	Other
Year 1					
Year 2	n/a				
Year 3	n/a	n/a	n/a		

Details of most recently attended school:

Principal name: _____ Telephone number: _____

Subjects studied (include level if known):

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—

Number of days missed in previous school year: _____

Please outline circumstances of transfer:

—

SPECIAL NEEDS

For students with Special Needs, please complete the section below:

If physical disability, please give details:

Has the student had a psychological assessment?
(if yes, please include a copy of the latest report)

Yes

No

Date of assessment: _____

Has the student an Irish exemption?

Yes

No

(if yes, please include the certificate of Exemption from the Department of Education and Skills, or the previous school)

Did the student have a Special Needs Assistant in the previous school?

Yes No

Was the student receiving resource hours?

Yes

No

If yes, how many hours/minutes a week? _____

Was the student receiving learning support?

Yes

No

If yes, in what subjects was the student receiving the support?

Any other information

DECLARATION (MUST BE COMPLETED FOR ALL APPLICATIONS)

I declare that all the above information is true and accurate and give my consent for contact to be made to any previous schools detailed on this form.

Signed: _____

Date:

Print name:

Relationship to student:

OFFICE USE ONLY

Birth cert

Date returned

PRINCIPAL NOTES

Photo

Code of behaviour..

Exemption

Psy. Report

Data protection....

School Report.....

Academic report . (transfers only)

1st Year option (1st yr only)