



STUDENT APPLICATION FORM



Please complete all sections of the following application using BLOCK CAPITALS

SECTION 1: STUDENT DETAILS

Details of the student for whom this application is being made.

FIRST NAME:		SURNAME:	
ADDRESS:			
			EIRCODE:
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	PREFER NOT TO SAY <input type="checkbox"/>
DATE OF BIRTH:	DD/MM/YYYY	PPS No.	
COUNTRY OF BIRTH:		NATIONALITY:	
PRESENT SIBLINGS IN THE SCHOOL:		MEDICAL INFORMATION (IF ANY)	

SECTION 2: DETAILS OF PARENT/GUARDIAN

	Parent/Guardian 1	Parent/Guardian 2
Name:		
Maiden Name: (If Applicable)		
Address:		
Telephone no.		
Email address:		
Relationship to student:	Mother/Father/Guardian/Other	Mother/Father/Guardian/Other

SECTION 3 PREVIOUS SCHOOL:

(Please provide details of primary/post primary school attended by the student)

Name of School:	
School Address:	

SECTION 4: SPECIAL CLASS

Please tick if you are applying for the Special Class

SECTION 5: STUDENT CODE OF BEHAVIOUR

Please confirm that the Student Code of Behaviour is acceptable to you as a Parent/Guardian and that you shall make all reasonable efforts to ensure compliance of same by the student if they secure a place in the school. Please note that the Code of Behaviour can be found at <https://scoilchonglais.ie/> or from the school office.

I _____ confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if they secure a place in the school.

IMPORTANT INFORMATION

- In signing this application form, I confirm that I have provided the correct. If it is found that any of the information is incorrect, misleading, or incomplete, the application may be rendered invalid.
- Please understand that it is your responsibility to inform the school of any change in contact information or circumstances relating to this application.
- For information regarding how your data is processed by the school and KWETB please contact Scoil Chonglais.
- Please sign below to demonstrate that you have read and agree with the above information.

Parent/Guardian: _____ Date: _____

Application Forms to be sent to:	CONTACT DETAILS	FOR OFFICE USE ONLY
Scoil Chonglais Post Primary School, Baltinglass, Co. Wicklow	E: info@scoilchonglais.ie T: (059) 6481449 www.scoilchonglais.ie	DATE RECEIVED: SCHOOL STAMP