

STUDENT NAME: \_\_\_\_\_

*Attach passport  
sized photograph of  
student*

# SCARIFF COMMUNITY COLLEGE



## ENROLMENT FORM 2015/2016

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**

**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

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
-----------------	-----------------	-----------------

Leaving Cert Course    Transition Year

5 <sup>th</sup>	6 <sup>th</sup>
-----------------	-----------------

LCA

**STUDENT DETAILS**

Surname: \_\_\_\_\_  
*(as on birth certificate)*

Forenames: \_\_\_\_\_  
*(as on birth certificate)*

Male       Female

PPS No (essential): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Country of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Family doctor: \_\_\_\_\_

**PARENT/GUARDIAN DETAILS**

Father  OR Guardian   
Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Address: *(if different from above)*  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
*(home)*

Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother  OR Guardian   
Surname: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Forename: \_\_\_\_\_

Address: *(if different from above)*  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
*(home)*

Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent/guardian mobile number to be used for text messaging (essential): \_\_\_\_\_  
*(one number only)*

**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)

Any health problems: \_\_\_\_\_ Medical card holder Yes  No

Please state ages of other siblings and the school (if any) they are attending:

NAME	SCHOOL	YEAR/CLASS

## SCHOOLING

Primary school: \_\_\_\_\_ School roll number: \_\_\_\_\_

**If transferring from a SECONDARY 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:

	Junior Cert	Transition Year	Leaving Cert	Leaving Cert Applied	Other (please specify)
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):

---

---

---

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?

Yes

No

*(if yes, please include a copy of the latest report)*

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 .....

Photo .....  Code of behaviour..

Exemption .....  Psy. Report .....

Data protection...  School Report.....

Academic report  (transfers only)

1st Year option ...  (1st yr only)

PRINCIPAL NOTES

