

NOTES:



St. Patrick's Secondary School Castleisland Co. Kerry

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ENROLMENT APPLICATION 2018 (1st Year Entrant)

Please note: Completion of this form does not in itself entitle a pupil to attend this school. The Management reserves the right of entry at all times.

STUDENT DETAILS:

Surname _____ Forename _____

Address: _____

Date of Birth: _____ Middle Name: _____

Home Tel No. _____ Email: _____

PARENT(S)/GUARDIAN(S) DETAILS:

Mother's Forename: _____ Mother's Maiden Name: _____

Mothers Tel. No.: _____

Father's Name: _____

Father's Tel. No.: _____

Students PPS Number: _____

Has your son a medical card: **YES** **NO**

OTHER DETAILS:

National School Attended: _____

Other schools Attended: _____

Have you a son(s) attending this school at present: _____

Name(s): _____

Did you have a son(s) that attended this school in the past: _____

Name(s): _____

Dates of attendance: _____

Please give details of any medical issues regarding your son that you think the school should be aware of:

Has your son had a psychological assessment done by the NEPS Psychologist or an independent Psychologist

YES

NO

If Yes, please give a short summary of the findings:

Do you consent to a photograph of your son be used in school publications and media publications the school website as part of a group and/or as part of a school team?

YES

NO

All information given is used only by the school and in the strictest confidence.

All application forms must be accompanied by the following documents:

- **An original copy of your son's birth certificate.**
- **An official document showing your son's PPSN.**

DECLARATION

I/we the undersigned agree that I/we and my/our son will accept and abide by the code of behaviour of St. Patrick's Secondary School and that I/we have read with my/our son and fully understand the code.

Signature: _____

Capacity: _____

Father/Mother/Guardian/Other

Date: _____