



Coláiste Chú Chulainn  
Cúram. Forbairt. Feabhas.

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# STUDENT APPLICATION FORM

Academic Year \_\_\_\_\_ (Please indicate year)

## Section A: Family Details *(Required for school enrolment and parental contact purposes)*

### 1. Student details

A birth certificate **must** accompany all applications. Original birth certificates will be returned to parents/guardians.

Student Surname		Student Forename(s)	
Date of Birth		Male/Female	
Country of Birth		Student's PPS Number	
Home Address		Birth certificate attached? <i>(Please circle one)</i>	Yes      No
*Primary School Attended (most recent)		*Other Primary Schools Attended (if applicable)	

**\*Please note, we may contact the Primary School which your son/daughter has attended in connection with your son's/daughter's enrolment.**

### 2. Parent/Guardian details

	Parent/Guardian	Parent/Guardian
Forename		
Surname		
Address		
Contact Number(s)	Home: Mobile: Work:	Home: Mobile: Work:
Email		
Relationship to Student		

### 3. Emergency contact details

Please give the name and contact details of a person who can be contacted in an emergency in the event we are unable to contact either parent or guardian.

	Emergency Contact 1	Emergency Contact 2
Name		
Contact number		
Relationship to student		

### 4. Reports on educational progress

Please indicate name and address of person to whom correspondence is to be sent regarding educational progress/attainment of the student, if different from details outlined in Section 2 above.

Forename		Address	
Surname			
Relationship to student			

### 5. Access to/Custody of student

Are there any orders or other arrangements in place governing access to or custody of the student?  
(Please tick ✓ the relevant box)

Yes

No

If the answer to question above is 'Yes' please provide details below:

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## Section B: Educational Details *(Required for the assessment of individual educational needs)*

### 1. Study of Irish

Irish is a compulsory subject for all students. Exemptions from the study of Irish are only granted in exceptional cases. Is the student currently studying Irish? *(Please tick ✓ the relevant box)*

Yes

No

If the answer to question is 'No' please indicate the reason by ticking ✓ a, b or c below:

Option	Reason	Tick ✓
A	The student lived outside of Ireland until 11 years of age	
B	The student is re-enrolling in a state school having spent at least three years abroad and is at least 11 years of age	
C	The student has a psychological report recommending exemption from the study of Irish. The assessment has been carried out within the last three years. (In this case the school will require a copy of this report)	

**2. Access to Resource/Learning Support Hours**

a) Has the student had a psychological or occupational therapy assessment?

*(Please tick ✓ the relevant box)*

Yes

No

If the answer to (a) above is 'Yes' please give details of the most recent report.

Type of report: Psychological  Occupational Therapy  Other  \_\_\_\_\_

Assessor: \_\_\_\_\_ Agency: \_\_\_\_\_ Year of report: \_\_\_\_\_

b) Has the student been granted resource teaching hours by the National Council for Special Education (NCSE)? *(Please tick ✓ the relevant box)*

Yes

No

c) Has the student availed of the services of a Special Needs Assistant (SNA) granted by the NCSE? *(Please tick ✓ the relevant box)*

Yes

No

d) Has the student been in receipt of learning support at Primary School? *(Please tick ✓ the relevant box)*

Yes

No

*If the answer to (d) above is 'Yes' please provide details below*

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**3. Section B: Medical Details** *(Required to ensure the school has an accurate record of medical conditions including 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)*

Doctor's name		Name of practice	
Contact number of practice		Address of practice	
Does the student require glasses? <i>(Please circle one)</i>	Yes      No		
Do you have a Family Medical Card? <i>(Please circle one)</i>	Yes      No	Does the student have any hearing difficulties? <i>(Please circle one)</i>	Yes      No

Does the student have any of the Chronic Conditions listed below?

Please tick (✓) appropriate box:

- Asthma
- Diabetes
- Epilepsy
- Anaphylaxis
- Narcolepsy
- Other (Please specify)

\_\_\_\_\_

Procedures to follow for a particular illness

Any other medical concerns/information of relevance?

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**Student Signature**

Signed: \_\_\_\_\_ (Student)

Date: \_\_\_\_\_

**Parent/ Guardian Signature**

Signed: \_\_\_\_\_ (Parent/Guardian)

Date: \_\_\_\_\_

Please Return Completed Application Forms to:  
Coláiste Chú Chulainn, Chapel St., Dundalk, Co. Louth.

Forms to be returned *on/before the first Friday in October of the year preceding entry.*

For example, if your child wishes to commence first year in September 2017, the application form must be submitted on/before the first Friday of October 2016.

- Please note that submission of an application form for admission is not a guarantee of a place in Coláiste Chú Chulainn (*reference Admissions Policy*)
- A copy of Coláiste Chú Chulainn's Admissions Policy is available at [www.colaistecc.ie](http://www.colaistecc.ie)