**Enrolment Application Form 2022/2023**

**Closing date for applications is Monday 8th of November 2020**

**Student Details**

|  |  |
| --- | --- |
| **Student First Name** |  |
| **Student Surname** |  |
| **Home Address** |  |
| **Eircode****(required)** |  |
| **Date of Birth** |  |
| **Country of Birth** |  |
| **Student PPS Number****(required)** |  |
| **Gender** | **Male Female**  |
| **Mother’s Maiden Name** |  |

**Family Details**

|  |  |
| --- | --- |
| **Parent/Guardian 1** |  |
| **First Name** |  |
| **Surname** |  |
| **Relationship to child (mother/father/guardian)** |  |
| **Mobile Number** |  |
| **Email address:** |  |

|  |  |
| --- | --- |
| **Parent/Guardian 2** |  |
| **First Name** |  |
| **Surname** |  |
| **Relationship to child (mother/father/guardian)** |  |
| **Mobile Number** |  |
| **Email address:** |  |

**Emergency Contact Details (In the case of being unable to contact a parent)**

|  |  |
| --- | --- |
| **Name** |  |
| **Mobile Number** |  |
| **Relationship to Student** |  |

**Family Details Continued**

**Does the student have any brothers or sisters in the school this year? If so, please give name and year they are in**

|  |  |
| --- | --- |
| **Name** |  |
| **Year** |  |
| **Name** |  |
| **Year** |  |
| **Name** |  |
| **Year** |  |

**Is the student a sibling of a past pupil? If so, please give name (s) and year (s) finished school**

|  |  |
| --- | --- |
| **Name of Sibling** |  |
| **Year Finished**  |  |
| **Name of Sibling** |  |
| **Year Finished** |  |

**Is the student a child/grandchild of a past pupil of St. Mary’s Secondary School? If so, please give name (s) and year (s) finished school**

|  |  |
| --- | --- |
| **Name of Parent** |  |
| **Year Finished**  |  |
| **Name of Parent** |  |
| **Year Finished** |  |

**Primary School Details**

|  |  |
| --- | --- |
| **Name of Primary School Attended** |  |
| **Roll Number of Primary School Attended****(Available through a google search)** |  |
| **Details of any other Primary Schools** **Attended if applicable (names/dates/addresses)** |  |

**Additional Educational Needs *(Please leave blank if this does not apply) (Please note this is not general learning support)***

|  |  |
| --- | --- |
| **Are you applying for the Mild General Learning Difficulty Class** | **Yes**  |

|  |  |
| --- | --- |
| **Are you applying for the Moderate General Learning Difficulty Class** | **Yes**  |

|  |  |
| --- | --- |
| **Are you applying for the ASC Class (Laochra Class)** | **Yes**  |

**\*ASC (Autism Spectrum Condition)**

**If you are applying for any of these classes, please include all psychological and other relevant professional reports along with the application form and a member of our SEN Team will get in contact with you. Your report must specify that your child requires a place in one of these classes.**

**This form may be returned to the school office or by emailing it to** **enrolment@stmarysedenderry.ie** **before the 08th of November 2021**

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**For Office Use Only**

|  |  |
| --- | --- |
| **Date Received** |  |
| **Form Received by** |  |