

**Banagher College Coláiste na Sionna
Banagher, Co. Offaly.**

Academic Year 2018-2019

PHOTO
(Taken in School)

ENROLMENT APPLICATION FORM

Student P.P.S. No.

Student Surname: (as on Birth Cert) _____ Gender: Male Female

First Name: (as on Birth Cert) _____ Name Called: _____

Address: _____

Date of Birth: _____ Birth Cert Attached Yes No

Parent/Guardian Names: _____

Mother's Maiden Name: _____

Nationality: _____ Country of Birth: _____

Religion: _____ School now attending: _____

Medical Card: Yes No Medical Card Number: _____

Parent/Guardian Occupation/s: _____

Full Correspondence Title: _____

Phone Number: _____ (Home) _____ (Work)

_____ (Mobile) _____ (Mobile)

Contact for School Web Text: Name: _____ Mobile Number: _____

Email Address: _____

Academic Record - Has the student had access to any of the following:

- | | | |
|---|------------------------------|-----------------------------|
| Special Needs Assistant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Special Class | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Resource Hours | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Assistance with behavioural modification | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Psychological Assessment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Educational Assessment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Help for visual impairment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Help for hearing impairment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Help for mobility/travel | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Help for any specific learning difficulty | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Exemption from any subject. If so, please give details. _____

Please attach any reports relevant to any of the above.

N.B. It may take some time for the Department of Education and Science to process any applications for extra resources. Parents/Guardians are strongly advised to inform the school as early as possible of any such needs and to discuss their particular situation well in advance of the school year.

Hobbies and Interests: _____

Any other Information or Requests: _____

Do you require school transport? Yes No

Lunch Pass? Yes No

Health Record: _____

Please inform the school of any medical ailments, injuries or any other health issues that may be relevant including any allergies the student may have or any medication he/she is taking:

I undertake, as a student to abide by the Code of Behaviour of the school and to comply with other rules and regulations that may apply to students from time to time.

Signature: _____ (Student) Date: _____

Signature: _____ (Parent/Guardian) Date: _____

Signature: _____ (Parent/Guardian) Date: _____

Data Protection Notice

Laois & Offaly ETB will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purpose listed in Laois & Offaly ETB's registration with the Data Protection Commissioner.