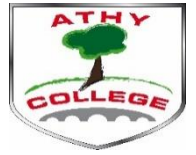


STUDENT ENROLMENT APPLICATION FORM 2023/2024



Please complete all sections of the following application using BLOCK CAPITALS

SECTION 1: STUDENT DETAILS

Details of the student for whom this application is being made.

FIRST NAME:		SURNAME:	
ADDRESS:			
			EIRCODE:
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	PREFER NOT TO SAY <input type="checkbox"/>
DATE OF BIRTH:	DD/MM/YYYY	PPSN:	
COUNTRY OF BIRTH:		NATIONALITY:	
PRESENT SIBLINGS IN THE SCHOOL:		MEDICAL INFORMATION (IF ANY)	

SECTION 2: DETAILS OF PARENT/GUARDIAN

	Parent/Guardian 1	Parent/Guardian 2
Name:		
Maiden Name: (If Applicable)		
Address:		
Telephone no.		
Email address:		
Relationship to student:	Mother/Father/Guardian/Other	Mother/Father/Guardian/Other

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SECTION 3 PRIMARY SCHOOL: *(Please provide details of the primary school attended by the student)*

Name of School:	
School Address:	

SECTION 4: SPECIAL CLASS

Please tick if you are applying for the Special Class

SECTION 5: STUDENT CODE OF BEHAVIOUR

Please confirm that the Student Code of Behaviour is acceptable to you as a Parent/Guardian and that you shall make all reasonable efforts to ensure compliance of same by the student if they secure a place in the school. Please note that the Code of Behaviour can be found at www.athycollege.ie or from the school office.

I _____ confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if they secure a place in the school.

IMPORTANT INFORMATION

- In signing this application form, I confirm that I have provided the correct. If it is found that any of the information is incorrect, misleading, or incomplete, the application may be rendered invalid.
- Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.
- For information regarding how your data is processed by the school and KWETB please contact Athy College.
- Online Applications also accepted and are available at www.athycollege.ie
- Please sign below to demonstrate that you have read and agree with the above information.

Parent/Guardian: _____ Date: _____

Application Forms to be sent to:	CONTACT DETAILS	FOR OFFICE USE ONLY
Athy College, Rathstewart, Athy, Co. Kildare.	E: mail@athycollege.ie T: (059) 8631663 F: (059) 8632211	DATE RECEIVED: SCHOOL STAMP

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