



# STUDENT ENROLMENT APPLICATION FORM

20/21

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Sex: (please tick ✓) Male  Female

Address: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

\_\_\_\_\_

P.P.S. No: \_\_\_\_\_

\_\_\_\_\_

Nationality: \_\_\_\_\_

Eircode: \_\_\_\_\_

Doctor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ No of children in family: \_\_\_\_\_ Place in family: \_\_\_\_\_

Present siblings in this school (if any) \_\_\_\_\_

Current Primary School: \_\_\_\_\_ Class: \_\_\_\_\_

Year of enrolment for Athy College: Sept 20 \_\_\_\_\_

Do you have a current **Medical Card** ? please tick ✓ Yes  No

**Health: (any health conditions or medication which we should be aware of):**

\_\_\_\_\_

**Education:** Does your child have any special educational needs? \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone (H): \_\_\_\_\_

Telephone: (w): \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone (H): \_\_\_\_\_

Telephone: (w): \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I/we have read and agree to abide by the current Admissions Policy of Athy College.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

**FOR OFFICE USE:**

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

Birth Cert  PPS  Book Grant Form

Added to Text System  Added to email list  Student email allocated

Moodle/ Mahara allocated