



PORTLAOISE COLLEGE
1ST YEAR STUDENT ENROLMENT FORM 2017/2018

Name of Pupil: _____

Male

Female

Date of Birth:

PPS No:

Address: _____

Email address to receive information from the school: _____

Mother's Name: _____

Father's Name: _____

Mother's Maiden Name: _____

Mother's Phone Number: _____ Father's Phone Number: _____

Please indicate name and address of person(s) to whom correspondence is to be sent regarding educational progress of the student, if different from above:

Religion: _____

Nationality: _____

Number to be used for school's text message service: _____

Other Name and Contact Number in emergency: _____

If there are any other arrangements in place governing access to or custody of the child, please provide details:

Primary School(s) attended: _____

Sisters/Brothers in Portlaoise College: _____

Tick and/or elaborate if the student has any of the following:

Medical Needs: _____

Special Education Needs: _____

Psychological Assessment: _____
(Please attach copy)

Subject Exemption: _____
(Please attach copy)

Check List for 1st Year Enrolment 2017/2018

- | | |
|---|--------|
| 1. Birth Certificate (Photocopy) | Yes/No |
| 2. Registration Fee of €50 – Lockers, Insurance, Journal
(Non-refundable other than if the school is not in a position to offer student a place) | Yes/No |
| 3. Relevant Psychological Assessment (if applicable) | Yes/No |
| 4. 1 Passport Photograph | Yes/No |
| 5. PPS Number | Yes/No |
| 6. Email Address: | Yes/No |
| 7. Mobile Phone number for text messaging service | Yes/No |

Note:

The final date for enrolment is **Friday 11th November 2016.**

Applications received after this date will be treated as late applications and are by appointment only.

Parent/Guardian (Contract and Consent)

In registering my above named child as a student in Portlaoise College, I understand that this implies a full acceptance of the rules of the school as laid down from time to time by the Board of Management.

I will provide copies of recent psychological or other professional educational assessments to the school.

I understand that, while every effort will be made to ensure that my son/daughter will be facilitated in his/her subject choices, this may not always be possible.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

By signing this application, I am giving full, explicit and informed consent for Portlaoise College:

- to confirm, retain, use and disclose the information I have provided in accordance with our Data Protection Policy which is available on the school's website.
- to contact my child's previous school to access records, assessments etc., as required.
- for my child's photograph to be used in school publications.

Note:

Please note that all applications are subject to our Admissions Policy which is available on our website at www.portlaoisecollege.ie or from the school office.

Signature of Mother/Guardian

Signature of Father/Guardian