**St. Aloysius Secondary School**



**FIRST YEAR APPLICATION FORM *20\_\_\_\_\_\_***

**PARENT PAST PUPIL: YES \_\_\_\_ NO \_\_\_\_**

**PAST PUPIL NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please complete in BLOCK CAPITALS***

***Surname ……………………………First Name …….………………….…. Student PPS No. ……...……….….…***

***Address ……………………………………………………………………………………………………………….….....***

***Home Telephone ....................... Mobile Phone .................................. Home E-mail Address: ……………...……………***

***..***

***Date of Birth………………. Religion………..…….. Nationality: ……………County of Birth (If Irish) ………..…….***

***Will your daughter have completed a full course of Primary Education by 31st July, 20\_\_\_? Yes No***

***Name of primary school last attended****:***…………………………………….……………..Tel. No………………………………..**

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| --- | --- | --- | --- | --- |
| ***FIRST NAME(S) OF DAUGHTER(S) PRESENTLY ATTENDING ST ALOYSIUS SCHOOL*** | | | | |
|  | ***First Name*** | ***Date of Birth*** | ***Year Group*** | ***Class*** |
| ***1.*** |  |  |  |  |
| ***2.*** |  |  |  |  |
| ***3.*** |  |  |  |  |

***DETAILS OF PARENTS/ GUARDIANS***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Name*** | ***Mobile Phone No.*** | ***Work Telephone No.*** |
| *Name of Father* |  |  |  |
| *Name of Mother* |  |  |  |
| *Mother’s Maiden Name* |  | | |

*Information about family unit (e.g. If parent is deceased) which you consider should be known to the school authorities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***MEDICAL HISTORY***

*Name of Family Doctor …………………………………………… Doctor’s Tel. No. ………………………………….*

*Please provide any relevant information …………………………………………………………………………………...*

*Does your family have a current Medical Card? Yes No*

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| ***SPECIAL EDUCATIONAL NEEDS***  *Does your daughter have a Special Educational Need? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_*  *Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *I/we consent to the information given on the above form being held by the school and to it being shared with the Department of Education and Skills. I/We agree to appropriate testing to monitor her progress on a twice yearly*  *Basis.*  *Signature: (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***USE OF PHOTOGRAPHS***  *It is necessary for schools to seek parental permission to use photographs of school activities which feature students. Photos with names may appear in the press but will not be used on internet websites. Please tick and sign below:*  *I give my permission for use of photos: Yes \_\_\_\_ No \_\_\_\_\_*  *Signed :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent / Guardian*  *Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent / Guardian* |

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| ***CODE OF BEHAVIOUR AND DISCIPLINE***  ***I have read and agree to fully accept the code of Behaviour and Discipline of St. Aloysius Secondary School***  ***Cork.***  ***Signature of Parent/Guardian: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_*** |

*Does your daughter hold an exemption in Irish Yes ­­­­­­­­\_\_\_\_\_ No \_\_\_\_\_. If you answer yes a copy of the exemption granted through the Primary School must be provide following an offer and acceptance of a place in St. Aloysius*.

***I certify that the above information is correct***

***Signature ………………………………… …………………………………… Date ……………***

***Parent / Guardian Parent / Guardian***

|  |  |  |  |
| --- | --- | --- | --- |
| ***FOR OFFICE USE ONLY*** | | | |
| ***Amount Received*** |  | ***Date / Receipt No.*** |  |
| ***Cash / Cheque*** |  | ***Birth Certificate*** |  |
| ***Passport Photos*** |  | ***Approved By*** |  |