



Oaklands Community College
Sr. Senan Avenue, Edenderry, Co Offaly

Tel. 046 9731573/9732118 Fax: (046) 9731539
Email: principal@oaklandscc.ie

APPLICATION FORM 2016/2017

Note: The information provided on this form is confidential and will be retained, used and disclosed by Oaklands Community College and centrally by Laois Offaly ETB in line with the Data Protection Notice in Part 5.

Student Surname:	Date of Birth:
First forename:	Religion:
Second forename:	Nationality:
Address:	Student PPS No.
Parent/Guardian Details	
Mother's Name:	Father's Name:
Mother's Maiden Name:	
Address:	Address:
Phone No. (Home):	Phone No. (Home):
Phone No. (Work):	Phone No. (Work)
Mobile Phone No:	Mobile Phone No:
Email Address:	Email Address:
Present Parental Status for legal purposes: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/>	
Other Emergency Name and Contact Number (not Mother or Father): Relationship to Child:	
If there are any orders or other arrangements in place governing access to, or custody of the child, please provide details:	
Please indicate name and address of person(s) to whom correspondence is to be sent regarding education progress of the student if different from above:	
Primary School Details (Note: We may contact the school in connection with your child's enrolment) Name of Primary School: _____ Other Primary School attended and dates (if relevant): _____ Has the student been enrolled in any other second-level school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate name of school: _____	

Has the student an official exemption from Irish? Yes No
If yes, please provide a copy of the exemption

Does the student have any brothers or sisters currently attending the school or previously attended the school?
Yes No
If yes, please indicate names and the year they are currently in:
Name: _____ Year: _____
Name: _____ Year: _____
Did your mother/father attend this school? Yes No

No. of children in family: _____
Boys: _____
Girls: _____
Child's position in family: _____

Has the student a Psychological Assessment? Yes No
Is the Psychological Assessment available? Yes No
Has the student been granted Resource Teaching Hours and/or Special Needs Assistance hours by the NCSE?
Yes No
If you answered yes, please give details:

Category of Special Need: _____
Has the student been in receipt of Learning Support? Yes No
If the answer is yes, please give details: _____

Health Details
Does your son/daughter hold a current Medical Card: Yes No
Family Doctor: _____
Has or had your child any of the following illnesses/problems:-
Hearing Eyesight
Kidney Speech
Asthma Epilepsy
Injury Other

PARENT'S SIGNATURE
Please indicate that you agree to the use of your son/daughter's photograph in promotional material for the school:
Yes No
By enrolling a student, parent and student agree to comply with the rules of the school as outlined in the School's Code of Behaviour and Discipline as agreed by the Educational Partners.
Parent's Signature: _____
Students may be referred to the Guidance Counsellor, in accordance with the Department of Education guidelines, respecting the voluntary participation by all concerned, for counselling and testing. The Guidance Counsellor may seek assistance from outside support agencies in accordance with Department of Education agreed procedures and in a caring context. I agree to the above procedures of counselling and testing.
Parent's Signature: _____

