



Oaklands Community College  
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## APPLICATION FORM 2023/2024

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 EIB in line with the Data Protection Notice in Part 5.

**PLEASE FILL OUT FORM IN BLOCK LETTERS**

Student Surname:	Date of Birth:
First forename:	Religion:
Second forename:	Nationality:
Address:	Student PPS No.
<b>Parent/Guardian Details</b>	
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 ( <b>not Mother or Father</b> ): 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:	
<b>Primary School Details</b> (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 Professional/ Psychological Assessment e.g. OT, etc Yes  No

Is the Assessment available? Yes  No

Has your son/daughter access to an SNA ? Yes  No

If you answered yes, please give details:

Category of Special Need: \_\_\_\_\_

Is your son/daughter receiving additional support e.g. extra Maths, English, Social need ? 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

Kidney

Asthma

Injury

Eyesight

Speech

Epilepsy

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: \_\_\_\_\_

The whole-school guidance programme in this school aims to provide a safe environment for each student to grow and to develop their personal, social, careers, educational and life choices. Where appropriate, guidance counsellor(s) provide a confidential one-to-one guidance counselling service to students. In this context the guidance counsellor may discuss a range of careers, educational, personal and / or social development issues. If your son/daughter wishes to meet the guidance counsellor on a one-to-one basis at any stage throughout their time in the school your permission is required

Parent's Signature: \_\_\_\_\_