



# Gaelcholáiste Chéitinn

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## ENROLMENT APPLICATION FORM

### FOR PROSPECTIVE FIRST YEARS

*(TO BE COMPLETED BY PARENTS/GUARDIANS)*

*(USE BLOCK CAPITAL LETTERS PLEASE)*

### STUDENT DETAILS

**SURNAME:** \_\_\_\_\_ **FIRST NAMES:** \_\_\_\_\_

(As appears on Birth Certificate)

**AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GENDER** \_\_\_\_\_

**STUDENT'S PRESENT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**P.P.S. NUMBER:** \_\_\_\_\_ **NATIONALITY** \_\_\_\_\_

**DATE OF ENTRY TO IRELAND:** \_\_\_\_\_

**LAST SCHOOL ATTENDED:** \_\_\_\_\_

**NAMES OF ANY BROTHERS/SISTERS PRESENTLY ATTENDING GAECHOLÁISTE CHÉITINN. OR WHO PREVIOUSLY ATTENDED GAECHOLÁISTE CHÉITINN.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST APPLICANT'S HOBBIES, INTERESTS, ACHIEVEMENTS**

HOBBIES	INTERESTS	ACHIEVEMENTS

# FAMILY DETAILS

FATHER'S NAME: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO. (H) \_\_\_\_\_

DAYTIME NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S MAIDEN  
NAME: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO. (H): \_\_\_\_\_

DAYTIME NO: \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

THE SCHOOL NEEDS TO BE AWARE, FOR OBVIOUS REASONS, IF A PARENT IS DECEASED.  
PLEASE SPECIFY.

GUARDIAN (if applicable):

\_\_\_\_\_

RELATIONSHIP TO  
APPLICANT: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO. (HOME) \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PERSON TO BE CONTACTED IN CASE OF  
EMERGENCY IF PARENT/ GUARDIAN IS NOT  
AVAILABLE:

NAME \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

EMAIL ADDRESS. \_\_\_\_\_

NUMBER OF CHILDREN IN THE FAMILY:

POSITION IN FAMILY OF APPLICANT:

MEDICAL CARD NUMBER:

EXPIRY DATE:

FAMILY DOCTOR: \_\_\_\_\_

PHONE NO \_\_\_\_\_

If there are any orders or other arrangements in place governing access to, or custody of the applicant, please provide details of these: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**MEDICAL HISTORY OF APPLICANT:** (e.g. ASTHMA, MIGRAINE, EPILEPSY, DIABETES, SIGHT OR HEARING DIFFICULTIES ETC.)

\_\_\_\_\_  
**IS YOUR CHILD ON ANY MEDICATION WHICH S/HE WILL REQUIRE TO TAKE DURING SCHOOL HOURS? IF YES, PLEASE SPECIFY.**

\_\_\_\_\_  
**HAS YOUR CHILD EVER BEEN DIAGNOSED WITH A.D.H.D. or A.D.D, ASPERGERS, AUTISM, E.B.D, OR S.E.B.D? IF YES, PLEASE ENCLOSE DIAGNOSING REPORT.**

\_\_\_\_\_  
**DOES YOUR CHILD SUFFER FROM ANY DISABILITY?**

IF YES, PLEASE SPECIFY

\_\_\_\_\_  
**HAS YOUR CHILD HAD A SPECIAL NEEDS CLASSROOM ASSISTANT ASSIGNED TO HIM/HER?**

\_\_\_\_\_  
**HAS YOUR CHILD RECEIVED ONE TO ONE SPECIAL NEEDS TEACHING?**

**ANY OTHER RELEVANT INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH  
COMPLETED APPLICATION FORM**

(PLEASE TICK)

- **CHILD'S BIRTH CERTIFICATE**  
(THIS WILL BE RETURNED TO YOU) YES ☐ NO ☐
- **CERTIFICATE FROM CHILD'S PREVIOUS SCHOOL STATING THE NUMBER OF DAYS  
MISSED IN FIFTH CLASS** YES ☐ NO ☐
- **CERTIFICATE OF RESULTS OBTAINED IN FIFTH CLASS**  
YES ☐ NO ☐
- **COPIES OF ALL EDUCATIONAL PSYCHOLOGICAL REPORTS IF YOUR CHILD HAS  
BEEN ASSESSED** YES ☐ NO ☐
- **CERTIFICATE OF EXEMPTION FROM IRISH (IF APPLICABLE) FROM PREVIOUS  
SCHOOL** YES ☐ NO ☐

**FAILURE TO ANSWER ANY QUESTION OR TO PROVIDE CORRECT INFORMATION WILL  
RESULT IN:**

- (A) **THE APPLICATION FORM BEING RETURNED TO YOU.**
- (B) **AN OFFER OF A PLACE BEING WITHDRAWN EVEN AFTER IT HAS BEEN  
TAKEN UP.**

**A COMPLETED APPLICATION FORM DOES NOT MEAN AN AUTOMATIC OFFER OF A PLACE  
AND NO ACTION SHOULD BE TAKEN UNTIL AN OFFER OR REFUSAL HAS BEEN RECEIVED IN  
WRITING. PARENTS WILL BE NOTIFIED WITHIN 21 DAYS OF RECEIPT OF APPLICATION  
FORM IF APPLICATION FOR ENROLEMENT IS ACCEPTED.**

**I/WE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

**I/WE GIVE PERMISSION TO HAVE THE ABOVE INFORMATION VERIFIED BY THE APPLICANT'S PREVIOUS SCHOOL.**

**I/WE HAVE RECEIVED AND READ THE SCHOOL'S CODE OF BEHAVIOUR.**

**I/WE AGREE TO COMPLY WITH THE SCHOOL'S CODE OF BEHAVIOUR.**

**SIGNATURES:     APPLICANT (Student):** \_\_\_\_\_ -

**PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**THE COMPLETED APPLICATION FORM SHOULD BE SUBMITTED TO MR. CHARLIE MCGEEVER, PRINCIPAL,  
GAELCHOLÁISTE CHÉITNN, THE MALL, CLONMEL.**

## **Enrolment Information & Consent Forms**

Students applying for enrolment in Gaelcholáiste Chéitinn are given the following:

- An enrolment form to be fully completed.
- A pack containing:
  - (a) Curriculum details
  - (b) List of services provided by the school
  - (c) List of extra curricular activities
  - (d) Information about the school uniform and Code of Behaviour

*All information supplied on enrolment forms will be treated as strictly confidential and kept in accordance with the Data Protection Acts.*

*Tipperary ETB is registered as Data Controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this application form to the school is required for the purposes of student enrolment, registration, administration, child welfare and to fulfil our other legal obligations, including the election of parent/guardian representatives to the ETB under the Vocational Education (Amendment) Act 2001. Contact details will also be used to notify you of school/ETB activities or events. While the information provided will generally be treated as confidential to Tipperary ETB and to our school, from time to time it may be necessary for us in the ETB and in the school to exchange personal data on a confidential basis, where we are legally required to do so, with other bodies including the Department of Education and Skills, the Department of Social Protection, An Garda Síochána, The HSE, the National Educational Welfare Board or with another school ( where a student is transferring ). We rely on parents to provide us with accurate, full and up-to-date information, notifying us of any changes to information already supplied. Please contact the school Principal or Deputy-Principal in writing or in person to tell us about any such changes.*

### **N.B. Our Contract with You**

Gaelcholáiste Chéitinn undertakes to provide a service to the student in the way of education, sport, extra curricular activities etc. provided that the student presents him/herself in a state to receive it; this means appropriate behaviour, satisfactory punctuality, compliance with the school's dress code, committed application and general readiness to learn.

Attendance at Gaelcholaiste Chéitinn implies that the parents/guardians and the student have been provided with a copy of the Code of Behaviour, have confirmed in writing that the Code of Behaviour is acceptable to them and that they will make every effort to ensure compliance with such Code by the student. This written confirmation is the contract between the parents/guardian and the school.

**Gaelcholáiste Chéitinn reserves the right to alter, amend or add to the Code of Behaviour as it becomes necessary.**

## Photography Consent Form

Our students regularly represent the school by taking part in educational, sporting and cultural events and competitions. Their successes and achievements in these areas are celebrated by us as a matter of course. Consequently, photographs and images recording these may appear on the school's website, in classroom displays, in the local media, national media and in promotional literature. Accordingly, we seek your permission to take and publicise photographs/images of your son/daughter in the above context.

I, \_\_\_\_\_ (PRINT NAME) Parent/Guardian

of \_\_\_\_\_ (PRINT NAME) hereby: grant permission to Gaelcholáiste Chéitinn to take and use photographs and/or digital images of my child for use in printed publications or materials, electronic publications, school website and classroom displays for the duration of his/her time in the school.

SIGNED: \_\_\_\_\_

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

Signature of Parent/Guardian

## Parental Consent Form (Enrolment)

Education Outside the Classroom (EOTC) is the name given to all events and activities that occur outside the classroom, both on school grounds, and off-site. Our students in Gaelcholáiste Chéitinn participate in a wide range of learning opportunities within and outside the school grounds. Senior students participate in a wide range of sporting events outside the school throughout the year. All class teachers are encouraged to provide extension and enrichment opportunities for their students. These learning opportunities sometimes require travel outside the school.

Gaelcholáiste Chéitinn uses a process to identify and manage risks at every level of activity and this process is monitored by the Board of Management and the principal. We recognise four levels of activities, each with specific requirements regarding parental/caregiver consent.

Level	Activity
1.	At school, or within the immediate local environs, for example, sports events, fun days, nature studies. <b>Consent required:</b> Blanket permission provided on enrolment.
2.	Off-site events occurring entirely in school time and finishing no later than 4 pm, for example, zone sports, team sport events, class trips to the museum, library, theatre. Parents are advised of the finishing time if it later than 3:15 pm. <b>Consent required:</b> Blanket permission provided on enrolment, but parents are informed that the event is to occur.
3.	Off-site or on-site events occurring in one day involving risk assessed to be greater than that associated with the average family activity, for example, water activities (apart from swimming sports), rock climbing. <b>Consent required:</b> Parent/Caregiver informed consent is required for each specific event.
4.	Events occurring overnight, for example, school camp. <b>Consent required:</b> Parent/Caregiver informed consent is required for each specific event.

By signing this form, you consent to your child participating in Level 1 and 2 activities. For any level 3 or 4 activity, you will always be provided with a specific consent form.

I/we give permission for our child, \_\_\_\_\_ to participate in level 1 and 2 Education Outside the Classroom activities.

I/we have provided Gaelcholáiste Chéitinn with up-to-date medical and other information on school enrolment form and will notify the school of any changes to that information.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**CLOSING DATE FOR RECEIPT OF COMPLETED APPLICATION FORM:**  
**Friday November 17<sup>th</sup> 2017**

**Principal:**



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