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Photos here

Clonturk Community College

CDETБ in partnership with Educate Together
Achieving Excellence Together

STUDENT APPLICATION FORM Academic Year 2018/2019

PLEASE COMPLETE IN BLOCK CAPITALS

1. Student Details

Family Name		First name(s)	
Male/ Female		Date of Birth	
Nationality		Is English/Irish the Mother Tongue of the Student	YES NO
Student's PPS Number		Medical Card Number (if applicable)	
Home Address			Eircode <i>(must be completed)</i>
Primary School Attending*			Roll Number

**We may contact the Primary School in connection with your daughter's/son's enrolment*

Circular 0023/2016 – Appendix A (2) advises that the following information should be collected from students.

You may opt not to provide an answer

<p>To which ethnic or cultural background does the student belong? (Circle one)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">1. White Irish</td> <td style="width: 50%;">6. Black or Black Irish – any other black background</td> </tr> <tr> <td>2. Irish Traveller</td> <td>7. Asian or Asian Irish - Chinese</td> </tr> <tr> <td>3. Roma background</td> <td>8. Asian or Asian Irish – Any other Asian</td> </tr> <tr> <td>4. Any other white background</td> <td>9. Other including mixed background</td> </tr> <tr> <td>5. Black or Black Irish – African</td> <td>10. No consent</td> </tr> </table>		1. White Irish	6. Black or Black Irish – any other black background	2. Irish Traveller	7. Asian or Asian Irish - Chinese	3. Roma background	8. Asian or Asian Irish – Any other Asian	4. Any other white background	9. Other including mixed background	5. Black or Black Irish – African	10. No consent
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2. Family Details

No. of children in family: _____		Position in Family: _____	
Name of brothers/sisters attending Clonturk Community College:			
Name: _____		Name: _____	
Name: _____		Name: _____	

3. Emergency Contact Details

Name	Tel	Relationship to child
Name	Tel	Relationship to child

4. Parent/Guardian Details

	Parent/Guardian	Parent/Guardian
First name		
Last name		
Birth Surname (if different to above)		
Address (include eircode)		
Contact Number(s)	Home: Mobile:	Home: Mobile:
Email Address		
Relationship to Student		
'Text a Parent Mobile' number		

5. Access to Resource/Learning Support Hours

a) Has the student had a psychological assessment? *(Please tick the relevant box)*
 Yes No

b) If the answer to (a) above is 'Yes' is the psychological report available? *(Please tick the relevant box)*
 Yes No

c) Has the student been granted resource teaching hours by the National Council for Special Education (NCSE)? *(Please tick the relevant box)*
 Yes No

d) Has the student had the services of a Special Needs Assistant (SNA) granted by the NCSE? *(Please tick the relevant box)*
 Yes No

e) Does the student have an Irish Exemption? *(Please tick the relevant box)*
 Yes No

f) Has the student received English Language Support?
 Yes No

g) Has the student had learning support at Primary School? *(Please tick the relevant box)*
 Yes No
If the answer to (e) is 'Yes' please provide details: _____

6. Medical/Health Information:

Has the student any medical or health issues that the school should be aware of?

(Please tick the relevant box)

Yes No

If the answer to (e) is 'Yes' please provide details: _____

We hereby authorise Clonturk Community College to contact and request the relevant school(s) release any Educational Reports and Pupil Support Plans held in respect of my child.

By signing this application form parents/guardians are agreeing to abide and adhere to the Code of Positive Behaviour of Clonturk Community College. This policy is available on our website at www.clonturkcc.ie

Signed: _____ (Parent/Guardian) Date: _____

Signed: _____ (Parent/Guardian) Date: _____

Please bring
Completed
Applications
to:

Clonturk Community College
Swords Road,
Whitehall,
Dublin 9

Closing
Date:

4.00pm
Monday, 23rd
October 2017

Please note:

1. Please submit the completed Student Application Form along **with a copy of the child's original birth certificate, a current utility bill and 2 passport size photographs.**
2. **Online and postal application forms will not be accepted.** Please bring your application form to the main office of Clonturk Community College, Swords Road, Whitehall, Dublin 9. A **receipt** must be issued for each application.
3. For admission to the College in September 2018, students must have reached the age of 12 years on January 1st 2019.
4. Submission of an application form for enrolment is not a guarantee of a place in Clonturk Community College (see Admissions Policy).
5. Parents/guardians must respond in writing to confirm an offered place for their child within 14 days of that offer being made. Failure to respond within 14 days will result in the child's place in the College being forfeited.
6. It is the responsibility of parents/guardians to inform Clonturk Community College of any **changes of address**, contact details or other relevant information that may occur after submission of this form.
7. The College Admissions Policy is available at www.clonturkcc.ie

CDET B

An Bord Oideachais agus Oiliúnaí (Chathair Bhaile Átha Cliath)
City of Dublin Education and Training Board



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