



**EDMUND RICE COLLEGE, CARRIGALINE, CO. CORK**  
**APPLICATION FORM - FIRST YEAR 2018/2019**

**Student Details:** (Please use block capitals)

Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Known as \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Religion \_\_\_\_\_ PPSN \_\_\_\_\_

Current Primary School \_\_\_\_\_

Other Primary School(s) (if any) \_\_\_\_\_

**Parent/Guardian Details**

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_  
(Delete as appropriate) (Delete as appropriate)

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
(If applicable) (If applicable)

Home Tel. \_\_\_\_\_ Home Tel. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Other Contact Details in case of Emergency \_\_\_\_\_

\_\_\_\_\_

**Student Education Details**

Has the student been granted an exemption from the study of Irish? Yes  No

Has the student received learning support/ resource at primary school? Yes  No

Has the student had the services of a Special Needs Assistant (SNA)? Yes  No

**N.B. Please include any supporting documentation and/or reports from relevant specialist authorities.**

**Student Medical Record**

Does the student possess a medical card? Yes  No

Please provide details of any aspect of the student's medical record (e.g. speech, sight, hearing difficulty) or any medical condition which might affect learning and require attention while at school (e.g. anaphylaxis, asthma, diabetes, epilepsy or any chronic illness or ailment)?

\_\_\_\_\_  
Name of Student's Doctor \_\_\_\_\_ Tel. No. \_\_\_\_\_

Are there any reasons why your child should not take a full part in school activities?

\_\_\_\_\_

**Other Information**

Name of sibling(s) already attending Edmund Rice College (if any) \_\_\_\_\_

Any other information or family circumstances that the school should be aware of regarding your child?

\_\_\_\_\_

**I/we agree to support the ethos and characteristic spirit of Edmund Rice College in accordance with the school's enrolment policy.**

**Signature(s) of Parent(s)/Guardian(s)**

\_\_\_\_\_

**Date** \_\_\_\_\_

*Office use only:*

*Date received:*

*Email acknowledgement:*

*Category:*      1      2      3      4

**Please note:**

1. The completed Application Form should be sent to:

Board of Management,  
Edmund Rice College  
Carrigaline  
Co. Cork

2. This application will be processed under the terms of the Edmund Rice College, Carrigaline Enrolment Policy 2018/19 Entry. The policy may be viewed on the school website [www.ercarrigaline.ie](http://www.ercarrigaline.ie) or at the school office. Submission of an application form does not necessarily guarantee a place in the school.
3. Applications will be accepted up to Friday, 6<sup>th</sup> October 2017. Applications will be accepted after that date only if there are places still available.
4. Places in the school will be offered in writing within 21 days of the closing date for applications. When a place is offered, parents/guardians will be asked to confirm in writing their acceptance of a place. If a place is not accepted by the date specified in the letter of offer, the offer may be withdrawn.
5. Further information and documentation may be required by the school when places have been offered and accepted.