

POBALSCOIL NEASÁIN
 Baldoyle, Dublin 13 (01) 8063092
SENIOR CYCLE APPLICATION

APPLICANT INFORMATION

Name:	
Date of birth:	PPSN:
Current Address:	
Country of Birth:	Religion:
Home Tel:	Mobile Tel:
Primary School Attended:	
Post-Primary School Attended:	
Present Year:	Year for which you are applying:

PARENT/GUARDIAN INFORMATION

Mother's Name:	Father's Name:
Maiden Name:	
Home Tel:	Home Tel:
Mobile Tel:	Mobile Tel:
Work Tel:	Work Tel:
Preferred Correspondence Title(s):	
Emergency Contact (in the event that we cannot contact either above i.e. Grandparents/Aunt etc.):	

EDUCATION INFORMATION

JUNIOR CERTIFICATE RESULTS (Indicate subject level H/O)

	SUBJECT	Result	H/O		SUBJECT	Result	H/O
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			

PLEASE SUPPLY A COPY OF THE TWO MOST RECENT SCHOOL REPORTS WITH THIS APPLICATION

Please outline the reasons for your daughter/son leaving their present school:

Does your child have an exemption from Irish:
 (If yes, Please attach copy)

Has your child ever received a psychological report/OT report:
 (If yes, Please attach copy)

Has your child attended a resource/remedial teacher in the past:

Any other relevant information:

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HEALTH INFORMATION

GP's Name:					
Address:	Phone:				
Any Health Concerns/ Conditions:					
Medication:					
Medical Card Holder:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 20px;">No</td> <td style="width: 20px;"></td> </tr> </table>	Yes		No	
Yes		No			

CONSENT

In accordance with Dept. Education & Skills' guidelines, the Board of Management must seek permission in the following areas:

- a. DES Database: I give permission for Pobalscoil Neasáin and the Dept. of Education & Skills to retain personal information about my child for purposes as outlined in DES circular 047/2010 (a copy of which is available at www.education.ie.)
- b. In the event of a critical incident involving the school community, I give my permission for my son/daughter to receive counseling by an outside agency, if required.
- c. I give permission for the use of school related photographic images which include my son/daughter on the school website or in other publications.
- d. I understand, accept and agree to the aims and rules of Pobalscoil Neasáin as stated in the school's Admissions Policy and Code of Behaviour (available on our school website: www.psn.ie .)
- e. I agree to monitor my child's progress through the school journal.

Signature of Applicant:	Date
Signature of Parent/Guardian:	Date
Signature of Parent/Guardian:	Date
Checklist, have you:	Completed all sections of Application Form <input type="checkbox"/>
	Enclosed copies of relevant Reports/Exemptions <input type="checkbox"/>
	Enclosed copies of most recent school reports <input type="checkbox"/>

For Pobalscoil Neasáin office use only:

Date received:	Notes:
School Reports received:	Assessment Reports received:
NB: The attached section must be completed by your current school Principal in order for your application to be processed. This form should be returned by the Principal to Pobalscoil Neasáin directly.	

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TO BE COMPLETED BY PRINCIPAL AT CURRENT SCHOOL

STUDENT NAME:

Please give a general assessment of the student under the following headings:

Ability & Application:

Attendance & Punctuality:

Behaviour:

Has this student been suspended at any time? Please give details of any suspensions:

Learning Difficulties (Please indicate if the student has been assessed and if he/she is in receipt of resource hours):

Any other relevant information:

Principal's Signature:

Date:

School Stamp:

This form should be returned directly to: Mr. P. McKenna, Principal, Pobalscoil Neasáin, Baldoyle, Dublin 13