

St Colman's College Enrolment Form 2024/2025

Student Details

1. Student's Surname (as per Birth Certificate)

2. Student's First Name/s (as per Birth Certificate)

3. Student's Middle Name

4. Home Address

5. Date of Birth

6. Country of Birth

7. PPS Number

8. Religion

The religious affiliation of a student is not a criterion for admission. It only informs curricular planning.

9. Current School/ Primary School

10. Brothers who are at present attending St. Colman's College. Please specify year group.

11. Other School/s Attended

Parent Guardian Details

12. Father/Guardian Surname

13. Father/Guardian First Name

14. Father's Occupation

15. Father's Email Address

16. Mother/Guardian Surname

17. Mother/Guardian First Name

18. Mother's Maiden Name

19. Mother/Guardian Contact Telephone Number/s

20. Mother's Occupation

21. Mother's Email Address

22. Mobile Number for Text Message Service

23. Home Address

24. Where parents are separated, please specify with whom the student is living.

25. Where parents are separated and both require separate reports /information, please specify below:

Educational Details

26. Has your son been granted an exemption from the study of Irish?

Yes

No

27. If your son has been granted an exemption from the study of Irish, please give the reason below.

A copy of the exemption must be provided to the school.

28. Has your son received learning support?

Yes

No

29. If your son has received learning support, please give the details below.

30. Has your son had a Educational/Psychological Assessment?

Yes

No

31. If your son has received an Educational/Psychological Assessment, on what date did the test take place?



32. If YES. is the Educational/Psychological Report available?

Yes

No

33. Has your son been granted Resource Teaching Hours by the National Council for Special Education (NCSE)?

Yes

No

34. Has your son had the services of a Special Needs Assistant (SNA)?

Yes

No

Medical Details

35. Family Doctor's Name

36. Doctor's Contact Number

37. Does your son require glasses?

Yes

No

38. Does your son have any hearing difficulties?

Yes

No

39. Does your son have any medical condition that might affect schooling and require attention while at school?

*For example: allergies/anaphylaxis, asthma, diabetes, epilepsy, or any chronic illness or ailment.
If YES, please give details:*

40. Have parents/guardians a Medical Card?

- Yes - Full Medical Card
- Yes - Doctors Visit Card
- No Medical Card

41. Has your son his own Medical Card?

- Yes - Full Medical Card
- Yes - Doctors Visit Card
- No Medical Card

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