



Oaklands Community College  
Sr. Senan Avenue, Edenderry, Co Offaly

Tel. 046 9731573/9732118 Fax: (046) 9731539  
Email: [principal@oaklandscc.ie](mailto:principal@oaklandscc.ie)

### APPLICATION FORM 2016/2017

Note: The information provided on this form is confidential and will be retained, used and disclosed by Oaklands Community College and centrally by Laois Offaly ETB in line with the Data Protection Notice in Part 5.

Student Surname:	Date of Birth:
First forename:	Religion:
Second forename:	Nationality:
Address:	Student PPS No.
<b>Parent/Guardian Details</b>	
Mother's Name:	Father's Name:
Mother's Maiden Name:	
Address:	Address:
Phone No. (Home):	Phone No. (Home):
Phone No. (Work):	Phone No. (Work)
Mobile Phone No:	Mobile Phone No:
Email Address:	Email Address:
Present Parental Status for legal purposes: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/>	
Other Emergency Name and Contact Number ( <b>not Mother or Father</b> ): Relationship to Child:	
If there are any orders or other arrangements in place governing access to, or custody of the child, please provide details:	
Please indicate name and address of person(s) to whom correspondence is to be sent regarding education progress of the student if different from above:	
<b>Primary School Details</b> (Note: We may contact the school in connection with your child's enrolment) Name of Primary School: _____ Other Primary School attended and dates (if relevant): _____ Has the student been enrolled in any other second-level school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate name of school: _____	

Has the student an official exemption from Irish? Yes  No   
*If yes, please provide a copy of the exemption*

Does the student have any brothers or sisters currently attending the school or previously attended the school?  
Yes  No   
If yes, please indicate names and the year they are currently in:  
Name: \_\_\_\_\_ Year: \_\_\_\_\_  
Name: \_\_\_\_\_ Year: \_\_\_\_\_  
Did your mother/father attend this school? Yes  No

No. of children in family: \_\_\_\_\_  
Boys: \_\_\_\_\_  
Girls: \_\_\_\_\_  
Child's position in family: \_\_\_\_\_

Has the student a Psychological Assessment? Yes  No   
Is the Psychological Assessment available? Yes  No   
Has the student been granted Resource Teaching Hours and/or Special Needs Assistance hours by the NCSE?  
Yes  No   
If you answered yes, please give details:  
\_\_\_\_\_  
\_\_\_\_\_  
Category of Special Need: \_\_\_\_\_  
Has the student been in receipt of Learning Support? Yes  No   
If the answer is yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

**Health Details**  
Does your son/daughter hold a current Medical Card: Yes  No   
Family Doctor: \_\_\_\_\_  
Has or had your child any of the following illnesses/problems:-  
Hearing  Eyesight   
Kidney  Speech   
Asthma  Epilepsy   
Injury  Other

**PARENT'S SIGNATURE**  
Please indicate that you agree to the use of your son/daughter's photograph in promotional material for the school:  
Yes  No   
By enrolling a student, parent and student agree to comply with the rules of the school as outlined in the School's Code of Behaviour and Discipline as agreed by the Educational Partners.  
Parent's Signature: \_\_\_\_\_  
Students may be referred to the Guidance Counsellor, in accordance with the Department of Education guidelines, respecting the voluntary participation by all concerned, for counselling and testing. The Guidance Counsellor may seek assistance from outside support agencies in accordance with Department of Education agreed procedures and in a caring context. I agree to the above procedures of counselling and testing.  
Parent's Signature: \_\_\_\_\_

