

Application Form: For Admission to a Year Group Other Than First Year or to First Year After the Commencement of the Academic Year

This is an Application Form for admission and does not constitute an offer of a place, implied or otherwise. Use of the word 'student' throughout this Application Form does not imply that the person on whose behalf this application is being made is regarded as having been accepted as a student of Ennis Community College.

**All Application Forms and accompanying documentation should be sent to:
 Ennis Community College, Harmony Row, Ennis, Co Clare, V95 XD66**

Please ensure you return the following documents to the school to complete the application:

- An original long birth-certificate (together with a copy).
- Recent proof of address (only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted).

Please tick the Year Group the student is applying to enter:

- | | | | |
|--------------------------------------|--|-------------------------------------|-------------------------------|
| <input type="checkbox"/> First Year | <input type="checkbox"/> Third Year | <input type="checkbox"/> Fifth Year | <input type="checkbox"/> LCA1 |
| <input type="checkbox"/> Second Year | <input type="checkbox"/> Transition Year | <input type="checkbox"/> Sixth Year | <input type="checkbox"/> LCA2 |

Please complete all sections of the following application using BLOCK CAPITALS

SECTION 1 - PROSPECTIVE STUDENT DETAILS

Details of the young person for whom this application is being made.

First Name:								
Middle Name:								
Surname:								
Student Address:								
Eircode:								
Current School Name:								
Date of Birth:	D	D	M	M	Y	Y	Y	Y
PPSN:								

SECTION 2 – DETAILS OF PARENT/GUARDIAN

This section is **NOT** required to be completed where the student is over 18, unless s/he wishes the school to communicate with his/her parent/guardian about this application instead of directly with the student. The information is sought for the purposes of making contact about this application. If more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.

	Parent / Guardian 1	Parent / Guardian 2
Prefix: (e.g. Mr. / Ms. / Ms. etc.)		
First Name:		
Surname:		
Address:		
Eircode:		
Telephone no:		
Email address:		
Relationship to student:		

SECTION 3 – STUDENT CODE OF BEHAVIOUR

Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and that you shall make all reasonable efforts to ensure compliance of same by the student if s/he secures a place in the school. Please note that the Code of Behaviour is available at www.enniscommunitycollege.com or from the school office.

I _____ confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if s/he secures a place in the school.

SECTION 4 – RULES ON MINIMUM AGE FOR ENTRY INTO SECONDARY SCHOOL

Under section X of the Department of Education and Skills' Rules and Programme for Secondary Schools 2004/05, "A recognised pupil means a pupil who is not less than 12 years of age on the 1st day of January of the school year." Also, section V requires a Principal to obtain a "certified extract from" the "public register of births." Therefore, the school requires sight of the child's long-form birth certificate in order to assess whether s/he meets the requirement.

Please tick the box to confirm that you enclose the child's original long-form birth certificate and a photocopy of same with this Application Form:

I enclose the child's original long-form birth certificate and a copy of same with this Application Form. (The original will be returned to you)

SECTION 5 – Mild General Learning Difficulties

*The special class in Ennis Community College teaches students who have Mild General Learning Difficulties. Please **ONLY** complete if you are applying for the special class.*

Please confirm if this application is being made for: The special class only:

Where the student is seeking a place in the special class, please provide details of the special educational needs of the student, including an Educational/Clinical Psychologist's report.

SECTION 6 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the student meets the admission requirements in accordance with the order of priority as set out in the applicable section of the Admission Policy for Ennis Community College.

A. Please confirm the student's address for the purpose of determining whether s/he resides in the catchment area. Please note that recent proof of address will be required in support of this. (Only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted)

Address:

B. If the student currently has any siblings in this school, please indicate their names and current year of study.

(i) Name:

Year:

(ii) Name:

Year:

(iii) Name:

Year:

C. If the student has previously had any siblings in this school, please indicate their names and years of attendance.	
(i) Name:	
Year(s):	
(ii) Name:	
Year(s):	

IMPORTANT INFORMATION:	
<ul style="list-style-type: none"> ● You are required to submit: <ul style="list-style-type: none"> (i) An original long birth-certificate (together with a copy) (ii) Recent proof of address - only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted. ● All of the information that you provide in this application form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application may be rendered invalid. ● Please understand that it is your responsibility to inform the school of any change in contact information or circumstances relating to this application. ● For information regarding how your data is processed by the school and LCETB, please see overleaf. ● Please sign below to demonstrate that you have read and understood this information. 	
<p><i>NOTE: Should the student receive a place in Ennis Community College, there is no guarantee that the student will be assigned his/her selected subject choice due to resource issues and/or restrictions on the numbers of students per class.</i></p>	

(Parent / Guardian 1)

(Date)

(Parent / Guardian 2)

(Date)

(Student [where over 18])

(Date)

OFFICE USE ONLY	SCHOOL STAMP
Date Application Received:	
Checked by:	
Date entered on School Database:	
Entered by:	