



APPLICATION FORM FOR ADMISSION – 2021/2022

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 Gallen Community School Ferbane.

Completed applications will be accepted from:	11/01/2021
The closing date for receipt of applications is:	29/01/2021

All Application Forms and accompanying documentation should be sent to:	For office use only
<p>Mr. Garrett Buckley Principal Gallen Community School Ferbane Co. Offaly</p>	<p>Date received: ____/____/____ School Stamp:</p>

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

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.

Any Relevant Reports completed within the previous 12 months.

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

First Year	<input type="checkbox"/>	Transition Year	<input type="checkbox"/>
Second Year	<input type="checkbox"/>	Fifth Year	<input type="checkbox"/>
Third Year	<input type="checkbox"/>	Sixth Year	<input type="checkbox"/>

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:	
PPSN:	
Male/Female:	
Nationality:	
Mother Tongue: <i>(please tick one box)</i>	English <input type="checkbox"/> Other <input type="checkbox"/>
Ethnicity and Cultural background: <i>(please tick one box)</i>	White Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Other: <input type="checkbox"/> Specify:

PLEASE SUBMIT A COPY OF STUDENTS'S BIRTH CERTIFICATE WITH APPLICATION

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./Mrs./ Ms. Etc.		
First Name:		
Surname:		
Mother's Maiden Name:		
Address:		
Eircode:		
Mobile Number:		
Preferred Mobile for Text Messages:		
Email Address:		
Relationship to student:		
Preferred Correspondence Address: <i>e.g. Parent 1 or Parent 2</i>		

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 can be found at www.gallencs.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 – 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 Part B of the Admission Policy for Gallen Community School.

A. 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:	

B. If the student has previously had any siblings in this school, please indicate their names and years of attendance.

A.	Name:	
	Year(s):	
B.	Name:	
	Year(s)	

C. Please provide details of the Primary School attended by the student.	
School Name:	
School Address:	
Subject Difficulties:	
List any resources being made available to your child in Primary School:	
Has your child been given a Department of Education and Skills exemption from Irish:	
If yes, please state date granted:	
D. Other Information	
Has your child ever been assessed by an Educational Psychologist?	
If yes, please state the main diagnosis:	
Any health problems:	
Name and number of Family Doctor:	
Medical Card Yes / No	

E. 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)/guardians(s) will be accepted.)	
Address:	

IMPORTANT INFORMATION:

- You are required to submit 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)/guardians(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 please see the Data Protection Statement attached.
- Please sign below to demonstrate that you have read and understood this information.

NOTE: Should the student receive a place in Gallen Community School, there is no guarantee that the student will be assigned his/her selected subject choice due to resources issues and/or restriction on the number of students per class.

(Parent / Guardian 1)

(Date)

(Parent / Guardian 2)

(Date)

OFFICE USE ONLY

Date Application Received:

Checked by:

Date entered on School Database:

Entered by: