



St. Michael's College, Listowel, Co. Kerry

## *Enrolment Form 2020-2021*

### 1. Personal Details

Student Surname: \_\_\_\_\_

Student Forename: \_\_\_\_\_

Known as : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

EirCode: \_\_\_\_\_

Primary School(S)  
Attended: \_\_\_\_\_

Student PPSN: \_\_\_\_\_

Mothers Maiden Name: \_\_\_\_\_

Other members of family attending St. Michael's College

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_



## 2. Family Details

|   | Parent/Guardian 1 | Parent/Guardian 2 |
|---|-------------------|-------------------|
| Surname   |                   |                   |
| Name(s)   |                   |                   |
| Relationship to child<br>(mother/father/other guardian) please<br>provide details |                   |                   |
| Occupation  |                   |                   |
| Phone Number  |                   |                   |
| Mobile Number for<br>Messaging from school  |                   |                   |

Please indicate the number to which text messages will be sent. Please make sure the school is aware of any change in your mobile number. This is essential for texting purposes.

|                        |  |
|------------------------|--|
| Contact E-mail Address |  |
|------------------------|--|

|                |                     |
|----------------|---------------------|
| Doctor : _____ | telephone No: _____ |
|----------------|---------------------|

|  |
|--|
| Medical card details: Has his own Medical Card <input type="checkbox"/><br>Is on the Family Medical Card <input type="checkbox"/><br>Does not have access to Medical Card <input type="checkbox"/> |
|--|

Emergency Contact Details (in the event of not being able to contact either parent/guardian)

|  |
|--|
| Name _____   |
| Contact Number _____ Relationship to Student _____ |



**Details of Additional Learning Support provided in primary School(s)**

Name of Student \_\_\_\_\_

Primary School \_\_\_\_\_

Please give details of supports received by your son

**ASSESSMENTS**

Has your son any of the following:

Psychological Assessment Yes  No

Educational Assessment Yes  No

Medical Assessment Yes  No

Please give copy of assessment/s to St. Michael's College as this/these may be essential to secure extra help for your son.

EXEMPTION FROM IRISH Yes  No

Please provide Irish Exemption Certificate from Primary School



**WOULD LIKE TO BE IN SAME CLASS AS:** \_\_\_\_\_ **(No more than 1 name)**

**Consent (tick one only)**

- 1. If you are happy to have your child’s photograph/digital image taken as part of school activities and included in all such records tick here
  
- 2. If you would prefer not to have your child’s photograph/digital image taken and included in such records, please tick here
  
- 3. If you are happy for your child’s photograph/digital image to be taken and included, as 1. above, but would prefer not to have images of your child appear on the school website, in school brochures, yearbooks, newsletters etc. please tick here.

Signed: \_\_\_\_\_ Parent/Guardian                      Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Guardian                      Date: \_\_\_\_\_

**Contract and Consent**

**Student:** \_\_\_\_\_

Name:

As a student in St. Michael’s College I promise to abide by the Rules and Regulations of the school, in the interests of maintaining a positive learning environment. I have read and I accept the School Code of Behaviour

Student’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Contract and Consent**

### **Parent**

In registering my above named child as a student in St. Michael's College, I understand that this implies a full acceptance of the rules and policies of the school, including the Code of Behaviour, as laid down from time to time by the Board of Management.

I will provide copies of recent psychological or other professional educational assessments to the school.

I understand that, while every effort will be made to ensure that my son will be facilitated in his subject choices, this may not always be possible.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

Signed: Parent/Guardian: \_\_\_\_\_

Parent/Guardian Name: BLOCK LETTERS \_\_\_\_\_

Date: \_\_\_\_\_

**CLOSING DATE FOR RETURN OF ENROLMENT FORM IS FRIDAY 11<sup>TH</sup> OCTOBER**