



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

Enrolment Form

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 (mother/father/other guardian) please provide details		
Occupation		
Phone Number		
Mobile Number for 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	
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Doctor : _____	telephone No: _____
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Medical card details: Has his own Medical Card <input type="checkbox"/>
Is on the Family Medical Card <input type="checkbox"/>
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 27th OCTOBER