



With the Principal's Compliments
Enrolment Form 2017/2018

Good Counsel College, New Ross

All information submitted is treated in the strictest confidence.

INITIAL INFORMATION: Please complete

STUDENT NAME: _____

DATE OF BIRTH _____ PPS NO: _____

LANGUAGE CHOICE: (TICK ONE)

German

Spanish

FOR OFFICE USE ONLY

- Birth Cert Included
- Irish Exemption Included
- Psychological Assessment

RECEIPT NO: _____

€50 Administration Charge

YES NO

Refunded if your son does not
secure a place.

NOTE

1. **CANVASSING WILL DISQUALIFY – CRITERIA AS OUTLINED IN THE ADMISSIONS POLICY WILL BE ADHERED TO.**
2. **YOUR SONS PPS NO WILL BE USED TO REGISTER HIM IN GCC WITH THE DES.**
3. **CLOSING DATE FOR THE RECEIPT OF COMPLETED APPLICATION FORMS IS 3PM, DECEMBER 2ND 2016.**

REQUIRED INFORMATION

Please complete all sections in BLOCK CAPITALS.



As an educational community we strive to embody the values of unity, truth and love in our everyday interactions.

An Augustinian School

PERSONAL DETAILS OF STUDENT

SURNAME:.....

CHRISTIAN NAME:.....

NATIONALITY:..... **RELIGION:**.....

MEDICAL HISTORY

1. Any conditions – emotional, social, physical, learning – which may have implications for you sons learning and interactions?

.....
If so, a confidential explanatory note should be attached.

2. Are there any medical issues which may affect your son's participation in Physical Education/Games?

YES NO

If yes, state the reasons why?

.....

3. Has your child any physical problem needing regular medical attention, e.g., asthma, deafness, etc?

.....

Family Doctor: Phone:

Medical Card No.: (if applicable)

Do you give permission for GCC to bring your son to the school doctor in the event of illness/injury?

YES NO

Complete and forward to:

Application 17/18
The Principal,
Good Counsel College,
New Ross,
Co. Wexford.

ASD UNIT

This application is for enrolment in GCC Autistic Spectrum Unit:

YES NO

Please include the additional information as requested in the schools Admissions Policy.

FAMILY DETAILS

Father/Guardian Name:.....

Mother/Guardian Name:..... **Maiden Name:**.....

Father/Guardian Full Postal Address:.....

Mother/Guardian Full Postal Address (if different):.....

Telephone No: *(with Area Code)* Home:.....

Mobile (father):..... Work (father):.....

Mobile (mother):..... Work (mother):.....

Mother's Email:

Father's Email:

To whom should post be addressed:

If your son is a member of the travelling community please tick (✓) (Optional)

DETAILS OF OTHER CHILDREN IN THE FAMILY

Number of Boys in the family:

Details of brothers' **currently** attending GCC, if any, – please give date of birth & current class group.

1.DOBClass Group.....

2.DOBClass Group.....

PARENT/BROTHER PAST PUPIL

If the boy's father/brother(s) is a past pupil of GCC please indicate the details of the most recent attendee.

NAME: Attended from to

SCHOOL HISTORY

1. Full name and address of Primary School attended.

School Name..... Principals Name:

School Address.....

.....

2. Has your child ever been referred for Psychological Assessment?

Please give details and attach a copy marked 'Private'

.....

3. Did your child receive resource hours in National School?

If so, how many hours and in what subjects?

4. If your child has had any difficulties in National School such as absenteeism, bullying etc please explain?

.....

.....

5. Has your child an Irish Exemption?

YES NO

A copy of the exemption **must** be included with the application.

PHOTOGRAPHIC PERMISSION

I agree that my son's photograph may appear in local newspapers, school website and other media due to his involvement in curricular and co-curricular activities.

YES NO

To be signed by Parents/Guardians

Application for enrolment in academic year commencing September 2017

I have completed this application form and informed myself of Good Counsel College's Code of Behaviour. I enclose a copy of my son's Birth Certificate, Psychological Assessment and Irish Exemption where appropriate. By providing this information I understand what it may be shared where necessary with the Department of Education & Skills.

Signed: **Date:**

Signed: **Date:**

Knowingly misleading the school will lead to the immediate cancellation of the application and the immediate withdrawal of any offer of a place should the process have proceeded to that point. The Forms of unsuccessful applicants will be shredded at the end of the process.