



With the Principal's Compliments  
**Enrolment Form 2018/2019**

## Good Counsel College, New Ross

All information submitted is treated in the strictest confidence as set out in our Data Protection Policy.

### INITIAL INFORMATION: Please complete

STUDENT SURNAME: \_\_\_\_\_

STUDENT CHRISTIAN NAME: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PPS NO: \_\_\_\_\_

**IS EITHER ENGLISH OR IRISH THE LANGUAGE YOUR SON SPEAKS AS HIS FIRST LANGUAGE?**

YES  NO

**1<sup>ST</sup> YEAR LANGUAGE SUBJECT 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 1<sup>ST</sup> 2017.**

# 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

### DETAILS OF STUDENT as per DES Circular 23/2016

**Complete and forward to:**

**Enrolment 18/19**

**The Principal**

**Good Counsel College**

**New Ross**

**Co. Wexford**

#### To which ethnic or cultural background does your son belong?

Please tick only one category (categories are based on the census)

- |   |                          |
|---|--------------------------|
| White Traveller                                   | <input type="checkbox"/> |
| Irish Traveller                                   | <input type="checkbox"/> |
| Roma  | <input type="checkbox"/> |
| Any other white background                        | <input type="checkbox"/> |
| Black or Black Irish – African                    | <input type="checkbox"/> |
| Black or Black Irish – any other Black background | <input type="checkbox"/> |
| Asian or Asian Irish – Chinese                    | <input type="checkbox"/> |
| Asian or Asian Irish – Any other Asian background | <input type="checkbox"/> |
| Other including mixed background                  | <input type="checkbox"/> |
| No consent  | <input type="checkbox"/> |

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

### MEDICAL HISTORY

1. Any conditions – emotional, social, physical, learning – which may have implications for your son’s learning and interactions?

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

2. Has your son any physical difficulty needing regular medical attention, e.g., asthma, deafness, etc? .....

.....

Does it impact on his involvement in PE/Games?

Yes  No

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

#### ASD UNIT

**This application is for enrolment in GCC Autistic Spectrum Unit (OSTIA):**

**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. ....DOB .....Class Group.....

2. ....DOB .....Class 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..... Principal's 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.

## IMAGE PERMISSION

I agree that my son's image 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 2018

I have completed this application form and informed myself of Good Counsel College's Code of Behaviour, Admissions Policy and Data Protection Policy. I enclose a copy of my son's Birth Certificate, Psychological Assessment and Irish Exemption where appropriate. By providing this information I understand that 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.