

**BEAUFORT COLLEGE**  
**1<sup>st</sup> Year Enrolment Application form 2017/2018**



- Please complete this form in **BLOCK CAPITALS**
- Please circle all **Yes / No** options
- Please enclose a copy of student **birth certificate & proof of home address.**
- **Please note: False or incomplete information may disqualify applicants.**

**STUDENT DETAILS:**

Student First name: \_\_\_\_\_ Student Surname: \_\_\_\_\_ Male  Female

Student Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student PPS No: (Requirement by DES) \_\_\_\_\_

Nationality: \_\_\_\_\_ Is English or Irish the Mother Tongue of the student: \_\_\_\_\_

**In respect of the next question, you may opt NOT to provide an answer.**

To which ethnic or cultural background does the above named student belong?  
 Please circle only **one** category (This information is requested by the DES through Circular 23/2016)

1. White Irish
2. Irish Traveller
3. Roma
4. Any other white background
5. Black or Black Irish – African
6. Black or Black Irish – any other Black background
7. Asian or Asian Irish – Chinese
8. Asian or Asian Irish – any other Asian background
9. Other including mixed background
10. No consent

Names of brothers/sister currently attending or who have previously attended Beaufort College:

\_\_\_\_\_

Number of children in the family: \_\_\_\_\_ Place in the family: \_\_\_\_\_

Name of Current Primary School: \_\_\_\_\_ School Roll Number: \_\_\_\_\_

Text Alert Mobile Number: \_\_\_\_\_

**(This number will be used to text important information to Parents/Guardians at no cost to you).**

Have you made an application to any of the following Louth Meath Education & Training Board (LMETB) Schools?  
 (Please circle)

**Coláiste Na Mí**

**O' Carolan College, Nobber**

**Dunshaughlin Community College**

Mother's First Name: \_\_\_\_\_

Father's First Name: \_\_\_\_\_

Mother's Current Surname: \_\_\_\_\_

Father's Surname: \_\_\_\_\_

Mother's Birth Surname: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Tel: (Home): \_\_\_\_\_

Tel: (Home): \_\_\_\_\_

Tel: (Work): \_\_\_\_\_

Tel: (Work): \_\_\_\_\_

Mobile No: \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Please state if school reports are to be sent to both parents separately: Yes  No

**MEDICAL DETAILS:**

Name of Doctor (GP): \_\_\_\_\_ Doctor's Phone No.: \_\_\_\_\_

Any health concerns. Yes  No

If Yes, please give details: \_\_\_\_\_

Does the family hold a Medical Card: Yes  No  If Yes, state Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Does the student hold a Medical Card: Yes  No  If Yes, state Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**SPECIAL EDUCATIONAL NEEDS:**

Does your student have Special Educational Needs? Yes  No

Does your student have an Educational Psychological Assessment Report? Yes  No

**If yes please enclose all up to date assessments/reports.**

Does your student currently attend a resource/learning support teacher? Yes  No

Does your student have access to a Special Needs Assistant in Primary School? Yes  No

Is your student exempt from studying Irish?  
(Please enclose Irish exemption certificate from Primary school) Yes  No

**Travelling to School – Please tick the box below.**

**CAR**  **BUS**  **WALK**  **CYCLE**  **OTHER** \_\_\_\_\_

**PARENT/GUARDIAN / CARER CONSENT & COMPLIANCE:** (Please circle and sign)

In accordance with the Department of Education & Skills' guidelines, the Board of Management must seek permission parents/guardians in the following areas:

- a) **DES Database**  
I give permission for Beaufort College and the Dept of Education & Skill's to retain personal information about my son/daughter for purposes as outlined in DES circular 0047/2010 (a copy of which is available at [www.education.ie](http://www.education.ie) or on request from the school office). **YES**  **NO**
- b) **Critical Incidents**  
In the event of a critical incident involving the school community, I give permission for my son/daughter to receive counselling by an outside agency, if required. **YES**  **NO**
- c) **School Website/Publications**  
I give permission for the use of school related photographic images, which include my son/daughter on the school website or in other publications. **YES**  **NO**
- d) **Admissions Policy & Code of Behaviour**  
I understand, accept and agree to the Ethos, Culture and Rules of Beaufort College as stated in the school's Admission Policy & Code of Behaviour (available on our school website [www.beaufortcollege.ie](http://www.beaufortcollege.ie)). I agree to monitor my student's progress during the school year and sign his/her Journal regularly. **YES**  **NO**

**CLOSING DATE FOR ALL APPLICATIONS IS FRIDAY 14<sup>TH</sup> OCTOBER 2016**

**"I DECLARE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT"**

Parent/Guardian Signature: 1. \_\_\_\_\_ Parent/Guardian Signature: 2. \_\_\_\_\_

**CHECKLIST**

- I have included the student PPS Number on page 1 Yes  No
- I have enclosed a copy of student's Birth Certificate Yes  No
- I have enclosed Proof of Address Yes  No
- I have circled all Yes/No options and signed the application form Yes  No

For Official Use:

Date Received: