



**COLAISTE AN DAOL, RATH BHOTH
DEELE COLLEGE, RAPHOE
SCHOOL ENROLMENT FORM 2017/2018**

For Office Use Only:

B.C: _____

PPS No: _____

BK Rental: _____

Medical Card: _____

Surname: _____ **First Name(s):** _____

Gender: Female Male **Students P.P.S. Number** _____

Religion: _____ **Date of Birth:** _____ **Nationality:** _____

Postal Address: _____

_____ **Eircode:** _____

(Please attach copy of Birth Certificate.)

Mother's Name: _____ **Mother's Maiden Name:** _____

Address if different from above: _____

Home Tel. No: _____ **Work Tel. No:** _____

Mobile Tel. No: _____ **Email Address:** _____

Are you past pupil of this College: Yes No

Father's Name: _____

Address if different from above: _____

Home Tel. No: _____ **Work Tel. No:** _____

Mobile Tel. No: _____ **Email Address:** _____

Are you past pupil of this College: Yes No

Legal Guardian(s): _____ **Tel. No:** _____

Emergency Contact Name: _____ **Tel. No:** _____

Is there any person into whose care the child should not be given? _____

Does any legal order exist under Family Law that the College should know about? Yes No

Name & Address of Family Doctor: _____

Do you hold a Medical Card? Yes No **Medical Card Number:** _____

Expiry Date of Medical Card: _____ **Doctor's Tel. No:** _____

HEALTH DETAILS (Please indicate any health issues/medication needs or allergies)

National School Attended _____
(Include Name & Address)

No. of Children in Family: _____ **Child's Position in Family:** _____

Brothers/Sisters Currently Attending Deelee College:

Surname: _____ **First Name:** _____ **Class:** _____

Surname: _____ **First Name:** _____ **Class:** _____

Surname: _____ **First Name:** _____ **Class:** _____

Educational Assessment Report Details:

Does your child have an Educational Psychologists Report? Yes No

If yes, please supply a copy of Psychological Report and give details of any resources the student was provided with in their previous school.

Certificate of Exemption in Irish

Does your child have an Exemption in the Irish Language? Yes No

If yes, please supply a copy of the necessary documentation. Your child will not be exempt from Irish unless Deelee College is supplied with an official exemption).

Other relevant information:

1. In the event of serious illness or accident, the school will try to contact you, the parents, using the names and contact numbers as listed above. If we are unable to do so, do you give consent to your child to be taken directly to a doctor/hospital? Yes No
 2. During College activities, photographs may be taken of your child. If you **do not wish** to have your child photographed, please notify the school, **in writing**, of your request.
- We rely on parents/guardians to provide the College with accurate and complete information, if at any stage there is a change to this information or details on this form, please contact the school immediately so the school can update their records.

Any other relevant information: _____

Signed: _____ **Dated:** _____
Parent/Guardian

Signed: _____ **Dated:** _____
Student

Office Use: Form Received on: _____ Accepted by: _____

Date of entry to Deelee College: _____ Year Group: _____ Class: _____