

St. Angela's School, Ursuline Convent, Waterford.

Application Form for Admission into Second to Sixth Year.



Student's Surname: _____ Forenames: _____

Known as: _____ Date of Birth: _____ Place of birth: _____

Religion: _____ Mother's Maiden Name: _____

Student PPS No: _____ Medical Card No: _____ Primary School: _____

1. PARENTS / GUARDIANS DETAILS FOR ANY WRITTEN CORRESPONDENCE.

	Parent/Guardian 1	Parent/Guardian 2
Name		
Address		
Contact Numbers		
Email address		
Place of employment and contact details		

2. Please indicate **any family members** who have attended St. Angela's School or who are attending St. Angela's School at present.

Name	Relationship to student	Year of Graduation

3. **EMERGENCY CONTACT.** Please include the name of any additional adult who should be contacted in an emergency. The student will not be permitted to leave the school with any other adult.

Name	Relationship to Student	Contact Number (s)	Address
<i>DR. Mandatory:</i>	<i>FAMILY GP</i>		

NB. Please note that any changes to contact details must be notified immediately in writing to the school.

4. Hobbies and interests / Ambitions.

5. HEALTH RECORD. Please give dates and details of any significant illness now or when younger.

Sight:	Hearing:	Speech:
Heart:	Motor Skills:	Diabetes:
Epilepsy:	Asthma:	Allergies:
Migraine:	Trauma:	Other: _____

6. LEARNING NEEDS. Please give dates and full details of any supports this student has received.

Learning support received in primary school: _____

Please indicate if any of the following have been carried out for the student: (NB. Attach copies of reports if applicable.)

Educational Psychological Assessment:	<input type="checkbox"/>	Medical Assessment:	<input type="checkbox"/>
Occupational Therapy Assessments:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Does the student have an official exemption from Irish? (NB. Attach Certificate of Exemption.)			<input type="checkbox"/>

7. TRANSFER DETAILS.

Current School attended: _____ Current Year Group: _____

Reason for Proposed Transfer: _____ Year Group Applied for: _____

Please attach copies of two recent reports. Please attach copies of Junior Certificate results if this exam has been taken.

8. OUTSIDE AGENCIES. Please indicate the name of any individual from an outside agency who has given support to this student or her family.

SHY Project:	HSE / Social Work:
SWAY Project:	Youth Club: (Give name):
Barnardos:	Other:

9. OTHER INFORMATION. Please outline any additional information you feel necessary.

CHECKLIST. Indicate N/A if not applicable.

Booking Deposit (€100)	<input type="checkbox"/>	Copy of Birth Cert	<input type="checkbox"/>
Medical / Psychological Reports	<input type="checkbox"/>	Copy of a document showing PPS Number	<input type="checkbox"/>
Certificate of Irish Exemption	<input type="checkbox"/>	Contact details, incl. GP	<input type="checkbox"/>
Two passport photos	<input type="checkbox"/>	Two recent school reports	<input type="checkbox"/>

I have read the School Code of Behaviour and agree to support measures taken by the school to uphold this code.

Signature: _____
Parent / Guardian 1

Parent / Guardian 2

Date:

Date:

Note: All information is compliant with the Data Protection act.