



Pupil Application Form

I / we wish to apply for a place for my / our son / daughter in Our Lady of Good Counsel School commencing: (see note 2 below)

September 20 _____

Name of Child: _____

Date of Birth: _____

Parents' names: _____

Mother

BLOCK CAPITALS

Father

I/we confirm I/we have read the current Admission & Enrolment Policy (available on www.olgcballincollig.ie).

Signed: _____

Mother

Father

Home Address: _____

Current Address: _____
(If different from above)

Mother's contact Mob _____ Hm _____ Wk _____

Father's contact Mob _____ Hm _____ Wk _____

Contact e-mail address: _____

Currently Attending: _____
(Name of pre-school / school & class)

School contact person & phone number: _____

- **Do you consent to the sharing of information pertaining to your child's application with the Special Education Needs Organiser (SENO) in order to facilitate planning for potential placements? Yes/No. (please circle)**

NOTES:

1. In accordance with our Admissions & Enrolment Policy each application must be considered by the School's Admissions Committee before being placed on our waiting list.
2. You may not be successful in obtaining a place for the year requested above.
3. The completion of an application form and the placement of your child's name on any list (however early) does not confer an automatic right to a place in the school.
4. There is no onus on the Department of Education to either arrange for a transport service or to pay a grant towards the cost of private transport arrangements to any school other than the nearest recognised mainstream school, special class, school or unit.

-----FOR OFFICE USE ONLY-----

Psychological report: yes / no

Date application received:

Up-dated on Excel:

Acknowledgement letter: