



Our Lady of Good Counsel School

Innishmore, Ballincollig, Co. Cork. P31 FH22

Telephone: 021 4878370

e-mail: office@olgcschool.ie

www.olgcballincollig.ie

Roll Number: 18208A

Pupil Enrolment Application Form

I / we wish to apply for a place for my / our son / daughter in Our Lady of Good Counsel School commencing:

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: _____

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 and phone number: _____

Please include with this application form;

- 1. a letter from the NCSE confirming that the child is known to them and that the child has the required diagnosis and recommendation for a placement in a special school for pupils with moderate general disabilities.**
(Your application cannot be considered or processed without this letter from the NCSE; Circular 39/2025 DES)
- 2. clinical evidence that the student has received a diagnosis of Moderate Intellectual Disability from a CORU registered Psychologist. Up-to-date Psychology reports of no later than two years after date of cognitive assessment can be accepted by the admissions committee.**

NOTE:

The completion of an application form does not confer an automatic right to a place in the school.

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

Date application received:

Acknowledgement letter sent: