

St. Mary's,

Knockbeg College, Carlow.

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Coláiste Muire, Cnoc Beag.

A P P L I C A T I O N F O R M

When applying for admission to Knockbeg College, please fill out this Application Form, and return to:

Admissions

Knockbeg College

Carlow

Applications for First Year should be submitted before the due date. This is appointed each year and is in advance of the date when the Assessment Test is taken. The Assessment Test is normally taken in early March.

PLEASE ENCLOSE BIRTH CERTIFICATE AND €20 DEPOSIT (NON-REFUNDABLE)

(paid by cash/cheque/money order: _____)

For School Year starting September _____ For which Year Group: _____

Student Details

First Names: _____

Surname: _____

Date of Birth: _____ Religion: _____

Country of Birth: _____

Address: _____

Home Phone No: _____ P.P.S. No.(Obligatory) _____

Student's Medical Card No. (if applicable) _____

Family Details

(If either parent is deceased please enter RIP in place of name together with the year of death)

Mother's Maiden Name: _____

Mother's Name: _____ Father's Name: _____

Guardian's Name: _____ Guardian's Name: _____

Occupation: _____ Occupation: _____

Mother's Work No: _____ Father's Work No: _____

Mobile No: _____ Mobile No: _____

Other Contact(s) (please specify details): _____

If a parent is resident at another address or if reports etc. should be sent to another address, please let us know:

Total Number of Children in the family: _____ Position of this student: _____

Details of Brothers in the school now: _____

Details of Brothers in the school previously: _____

Father Past Pupil

Yes

No

Educational Details

Current School: _____

Teacher (if currently in Sixth Class): _____ School Roll No: _____

Name of Principal: _____

School Address: _____ School Phone Number: _____

Has this student ever required any special academic help? Yes [] No []

If yes, give details: _____

Has this student ever been assessed for such needs? _____

Has the school ever made such a request? _____

Please give details (and attach copy of any relevant reports):

Can we access any reports or information the school may have on this student? Yes [] No []

Has schooling been significantly interrupted for illness or any other reason: Yes [] No []

Comment:

Medical Details

Please tick if this student has problems or difficulties in any of the following areas:

Speech (including stammer) [] Hearing [] Sight [] Mobility [] Reading []
Writing [] Other []

Give details: _____

Please tick if this student has ever suffered from Asthma [] Epilepsy [] or any other [] medical condition/allergy that might affect schooling or require attention while at school:

Name and address of Family Doctor: _____ Doctor's Phone No: _____

Permission granted for emergency medical treatment: Yes [] No []

Students transferring from another school into Second – Sixth Year

1. Please attach a copy of your previous year's house exams.
2. Name of National School attended: _____
3. Phone number of National School attended: _____

I/We the parent(s)/guardian(s) of _____ (student)

give permission to the school authority at _____

to release any relevant information requested to the school authority, St. Mary's, Knockbeg College.

Signed: _____ (Parent/Guardian) Date: _____

Other Information

Do you wish to apply for a bus ticket?

Yes []

No []

Levy: Please note that the school asks all parents to make a contribution to school funds. We ask parents to pay the sum in September each year. The contribution is set by the Board of Management each year and there is a sliding scale where more than one student from a family is enrolled at the school. Details will be forwarded to you prior to the start of the school year.

Declaration: I/We hereby apply for a place in Knockbeg College for this student. I/We accept the Catholic ethos of the school and respect and understand the value system this entails. I/We accept the right of the school to impose sanctions for misconduct in accordance with the Code of Conduct and Rules.

Signatures of Parents(s)/Guardians

The school requires the signature of the parent(s) who have custody of the student and that of any other adult(s) who may sign notes for the child on a regular basis:

Mother's Signature _____

Father's Signature _____

Other Signature _____

Other Signature _____

Date: _____