

DRUMSHANBO VOCATIONAL SCHOOL

FIRST YEAR ENROLMENT APPLICATION FORM 2016/2017

Name of Pupil (as on Birth Certificate): _____

Date of Birth: _____ *Male/Female:* _____

Pupil's PPS No.: _____ *Country of Birth:* _____

Home Address:

Home telephone no. _____ *Mother's Maiden Name* _____

Previous school attended: _____

Names of brother(s) / sister(s) that are past / current pupils of Drumshanbo VS:

Details of Mother / Guardian **Details of Father / Guardian**

Full Name: _____ *Full Name:* _____

Daytime contact no.: _____ *Daytime contact no.:* _____

Mobile: _____ *Mobile:* _____

Mobile number to be used for SMS text messages from school: _____

Did this pupil receive any Learning Support in Primary School? _____

Has this pupil ever been assessed professionally for learning difficulties? Yes / No

Has this pupil a written exemption from Irish? Yes/No
(Copy of exemption must accompany application form)

Please give details of any medical / allergies / other conditions or special requirements that we should be aware of.

Do you hold a Medical Card? (Please tick) Y___ N___

Declaration: I am aware that admission to Drumshanbo Vocational School implies acceptance of the Code of Behaviour of that school.

Signed: *Parent(s) / Guardian(s):* _____

ALL PARTS OF THIS FORM MUST BE COMPLETED IN FULL