

**DRUMSHANBO VOCATIONAL SCHOOL**

**FIRST YEAR ENROLMENT APPLICATION FORM 2017/2018**

*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**