

# Corlurgan N.S., Corlurgan, Cavan.

## Application Form

Please see our Admission Policy and Admission Notice on our website.

Name of Pupil \_\_\_\_\_ P.P.S. Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Number of Siblings \_\_\_\_\_

Nationality of Child \_\_\_\_\_ Nationality of Parents \_\_\_\_\_

Address \_\_\_\_\_ Eircode: \_\_\_\_\_

Former school/crèche \_\_\_\_\_ Current Class \_\_\_\_\_

Seeking Admission to: Mainstream \_\_\_\_\_ Special Class for Autism \_\_\_\_\_

Religion \_\_\_\_\_

Guardian 1/Mother: Name: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Work No. \_\_\_\_\_

Address \_\_\_\_\_ Eircode: \_\_\_\_\_

Email Address \_\_\_\_\_

Guardian 2/Father: Name: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Work No. \_\_\_\_\_

Address: \_\_\_\_\_ Eircode: \_\_\_\_\_

Email Address \_\_\_\_\_

Please note any medical problems/allergies your child may have:

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Alternative contact numbers in case of emergency (not your own number)

Name \_\_\_\_\_ Mobile No. \_\_\_\_\_ Work No. \_\_\_\_\_

Name \_\_\_\_\_ Mobile No. \_\_\_\_\_ Work No. \_\_\_\_\_

In the event of an emergency, should we fail to contact you, do you give permission to the school to bring your child to hospital? Please tick.

Yes / No. Signature \_\_\_\_\_

**We/I understand that Corlurgan N.S. is a Catholic School and wish our child to be taught the Catholic Faith. Please Tick.**

**Yes/No. Signature** \_\_\_\_\_

**Please include a copy of your child's Birth Certificate, Proof of Address, NCSE Eligibility Letter, Psychologist Report, Professional Reports, a passport sized photo and a where applicable a copy of a Baptismal Certificate.**