

Calasanctius College
Oranmore,
Co Galway.
H91 K7H2



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School Roll No: 63100I

Deputy Principal: Sarah Molloy
2017/18

Principal: Córa Ní Loinsigh
2017/18

Deputy Principal: Carmel Kelly
2017/18

APPLICATION FOR ADMISSION TO CALASANCTIUS COLLEGE 2018 – 19

Proposed Date of Entry: _____

Year Group: _____

STUDENT DETAILS

Surname: _____ First Name: _____
Address: _____ Female/Male: _____
_____ Date of Birth: _____
_____ Home Tel No: _____
PPSN No: _____ Country of Birth: _____
Student Medical Card No & expiry date, if applicable: _____

Previous Primary / Secondary School Attended

Name: _____ Class/Year: _____
Address: _____ Principal: _____
_____ Telephone No: _____

FAMILY DETAILS

Father's Name: _____ Mother's Name: _____
Mother's Maiden Name: _____
Address: _____ Address: _____
_____ _____
Mobile No.: _____ Mobile No.: _____
E-mail: _____ E-mail: _____
Guardian (if other than above): _____ (Attach custody arrangements)
Name & Year Group of sisters/brothers currently in Calasanctius College: _____

Signature of Parent/Guardian: _____ Date: _____

NOTES

- Data supplied in this form comes under the terms of the Data Protection Acts 1988 & 2003 and the Freedom of Information Act 1997. This data is retained for use by the school and the Dept. of Education & Skills.
- I have read and understand the Admissions Policy attached to this application form.
- It is my responsibility to ensure Calasanctius College has up to date contact details for my family for the duration of my son's/daughter's time in the College.
- Copy of Birth Cert for this applicant is included here.

OFFICE USE ONLY – Date & Time Received: _____