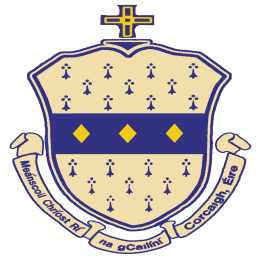
**Christ King Girls’ Secondary School **

**First Year Enrolment Application Form 20\_\_\_**

***Please complete in BLOCK CAPITAL***

***STUDENT INFORMATION***

*Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Christian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student PPS No.\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name and Address of present primary school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Email address to receive acknowledgement of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Names of daughter’s presently attending Christ King Girls’ Secondary School.*

1. *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_*
2. *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_*
3. *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_*

*Why have you chosen this school for your daughter? (Tick Below)*

*I am a past pupil of Christ King Sec. School* 

*My daughter is a past pupil of Christ King Sec. School* 

*Another daughter is currently attending Christ King Sec. School* 

*None of the above*

***DETAILS OF PARENTS/GUARDIANS***

|  | *Name* | *Mobile No* | *Work Phone No.* |
| --- | --- | --- | --- |
| *Name of Mother* |  |  |  |
| *Name of Father* |  |  |  |
| *Mother’s maiden name* |  |  |  |

***SPECIAL EDUCATIONAL NEEDS AND/OR MEDICAL ISSUES***

*Does your daughter have a Special Educational need? Yes No* 

*Does your daughter have a relevant medical issue? Yes No* 

*Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Does your daughter hold an exemption in Irish? Yes No

If you answered **YES**, a copy of the exemption granted through the Primary School must be provided following an offer and acceptance of a place in Christ King.

***I/We consent to the information given on the above form being held by the school and to it being shared with the Department of Education and Skills, and I/We agree to appropriate testing to monitor her progress on a twice yearly basis.***

Signature (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Parent/Guardian

**CODE OF BEHAVIOUR AND DISCIPLINE**

**I have read and agree to fully accept the code of Behaviour and Discipline of Christ King Girls’ Secondary School.**

Signature (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Parent/Guardian

***I certify that the above information is correct and I wish to have the above named child considered for registration in Christ King Girls’ Secondary School.***

Signature (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Parent/Guardian

**Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete this form and return to the school along with a copy of your daughter’s birth certificate.**