



cetb
Bord Oideachais agus
Oiliúna Chorcaí
Cork Education and
Training Board



APPLICATION FORM FOR ADMISSION - 2020/2021

This is an application form for admission and does not constitute an offer of a place, implied or otherwise. Use of the word 'student' throughout this Application Form does not imply that the person on whose behalf this application is being made is regarded as a having been accepted as a student of Gaelcholáiste Charraig Uí Leighin.

Completed applications will be accepted from:	02/02/2018
The closing date for receipt of applications is:	10/10/2019

All Application Forms and accompanying documentation should be sent to:

For office use only

An Phríomhoide
Gaelcholáiste Charraig Uí Leighin,
Tigh Pháirc an Uisce,
Carraig Uí Leighin,
Co.Chorcaí

Date received:

___/___/___

School Stamp:

Please ensure you return the following documents to the school to complete the application:

☐ An original long birth-certificate (together with a copy)

Please tick the Year Group the student is applying to enter:

☐

First Year

☐

Third Year

☐

Fifth Year

☐

Second Year

☐

Transition Year

☐

Sixth

Year

Please complete all sections of the following application using BLOCK CAPITALS									
SECTION 1 - PROSPECTIVE STUDENT DETAILS									
<i>Details of the young person for whom this application is being made.</i>									
First Name:									
Middle Name:									
Surname:									
Student Address:									
Eircode:									
PPSN:									
Date of Birth:	Day		Month		Year				

SECTION 2 – DETAILS OF PARENT/GUARDIAN		
<p><i>This section is <u>NOT</u> required to be completed where the student is over 18, unless s/he wishes the school to communicate with his/her parent/guardian about this application instead of directly with the student. The information is sought for the purposes of making contact about this application. If more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.</i></p>		
	Parent / Guardian 1	Parent / Guardian 2
Prefix: (e.g. Mr. / Ms. / Ms. etc.)		
First Name:		
Surname:		

Address:		
Eircode:		
Telephone no.		
Email address:		
Relationship to student:		

SECTION 3 – STUDENT CODE OF BEHAVIOUR
<p>Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and that you shall make all reasonable efforts to ensure compliance of same by the student if s/he secures a place in the school. Please note that the Code of Behaviour can be found at www.gaelcholaistecul.ie/polasaithe or from the school office.</p>
<p>I _____ confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if s/he secures a place in the school.</p>

SECTION 4 – RULES ON MINIMUM AGE FOR ENTRY INTO SECONDARY SCHOOL
<p>Under section X of the Department of Education and Skills' Rules and Programme for Secondary Schools 2004/05, "A recognised pupil means a pupil who is not less than 12 years of age on the 1st day of January of the school year." Also, section V requires a Principal to obtain a "certified extract from" the "public register of births." Therefore, the school requires sight of the child's long-form birth certificate in order to assess whether s/he meets the requirement.</p>
<p>Please tick the box to confirm that you enclose the child's original long-form birth certificate and a photocopy of same with this Application Form:</p>

☐

I enclose the child's original long-form birth certificate and a copy of same with this Application Form. (The original will be returned to you.)

SECTION 8 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the student meets the admission requirements in accordance with the order of priority as set out in the applicable section of Part B of the Admission Policy for Gaelcholáiste Charraig Uí Leighin

A. If the student currently has any siblings in this school, please indicate their names and current year of study.

(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	
(iv) Name:	
Year:	

B. If the student has previously had any siblings in this school, please indicate their names and years of attendance.

(i) Name:	
Year(s):	

(ii) Name:	
Year(s):	

C. Please provide details of the primary school attended by the student.	
School name:	
School address:	

D. Please provide information below as an indication of the student's level of fluency as a normal means of communication. Please indicate all that apply:	
Is Irish regularly spoken at home:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is s/he resident in a Gaeltacht area:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other factor that you feel may be relevant to demonstrate fluency:	