Attach Photo here

CBS Westland Row

Student Application Form

All the information on this form will be treated confidentially and in line with the school's data protection policy.

Please complete this form in BLOCK CAPITALS

Part 1 – Student Details

First Name						
Surname						
Address						
Student PPSN		Date of Birth	DD	MM	YYYY	
Country of Birth		Sibling in the school	Yes		No	
Mothers Maiden Name		Gender				
Select the year you are applying for	First Year		Transition Year		LCA 1	
	Second Year		Fifth Year		LCA 2	
	Third Year		Sixth Year			

Part 2 – Parent / Legal Guardian Details

	Parent / Legal Guardian 1	Parent / Legal Guardian 2
First Name		
Surname		
Relationship to Student		
Address		
Phone Number		
Email Address		

Another Emergency Contact	

Part 3 – Most Recent School Details

Name of School				
Contact details				
Student attended this school	**From**		**To**	

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Part 4 – International Students

Main language spoken at home	

Part 5 - Health Needs

Does the student have any of the following medical needs we should be aware of? Please tick.

Asthma		Visual impairment		Hearing impairment	
Nut Allergy		Diabetes			
Other please give details					

Medication the school should be aware of	

Part 6 – Irish Language

Does the student have an official exemption from the study of Irish?	**Yes**		**No**	

If yes, please attach a copy of the exemption.

Part 7 – Have you attached the following?

Document	**Yes**	**No**
Copy of birth-certificate		
Irish exemption (if applicable)		

Part 8 – Student Code of Behavior

I _____ confirm that the Student Code of Behavior is acceptable to me as the parent/ legal guardian and I shall make all reasonable effort to ensure compliance with same by the student.

Please note the Student Code of Behavior is available on our website or from the school office

Part 9 – Change of contact details

I _____ accept that it is my responsibility to notify the school if there are legal guardian changes or if there is a change to contact details; phone number, address, email.

Please sign below to complete the application

_____ _____

Parent/ Legal Guardian 1 **Date**

_____ _____

Parent/ Legal Guardian 2 **Date**