



# PATRICIAN SECONDARY SCHOOL

NEWBRIDGE, CO. KILDARE, W12 XV38

*Meánscoil Phádraig, Droichead Nua, Co. Chill Dara.*



## Application Form for Admission into First Year 2024

*This application does not guarantee acceptance of student.*

- Application Forms **will only be accepted** from **Tuesday 3<sup>rd</sup> October 2023 at 10am.**
- Deadline for return of completed application forms is **Tuesday 24<sup>th</sup> October 2023 at 4pm.**

**Completed application forms must be returned by hand to the school office**

**THE ORDER IN WHICH APPLICATIONS ARE RETURNED WILL HAVE NO BEARING ON THE OFFER OF PLACES**

### Student Details:

Surname: \_\_\_\_\_ Christian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PPSN Number: \_\_\_\_\_

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

### Family Details:

Son of Staff Member: Yes ☐ No ☐ \_\_\_\_\_

Name of brother(s) **CURRENTLY** in the school (please state Class & Year Group): \_\_\_\_\_

Name of brother(s) **PREVIOUSLY** in the school (please state Year left): \_\_\_\_\_

Is Father a past pupil of Patrician Secondary School?: Yes ☐ No ☐

Father's Name & years of attendance: \_\_\_\_\_  
(only if he is a past pupil of Patrician Secondary School)

*If either parent is deceased, please enter RIP in place of name together with the year of death*

Mother's/Guardian's Name: \_\_\_\_\_ Mob. Tel. No.: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Mob. Tel. No.: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Other relevant family information that the school should be aware of (e.g. Court Order, etc.): \_\_\_\_\_

**Educational Details:**

Name & Address of current school: \_\_\_\_\_

Current class in school: \_\_\_\_\_ How many years has he attended this school?: \_\_\_\_\_

School Telephone Number: \_\_\_\_\_ • School Roll Number: \_\_\_\_\_

Previous Primary School (if any): \_\_\_\_\_

**Medical Details:**

Does the child have any medical history which should be known to the school authorities and require attention while at school?  
(e.g. Asthma, Diabetes, Epilepsy, TB, Hepatitis, Hearing, Sight, Mobility, Speech Impediments or any other illness or ailment).

Yes ☐ No ☐ If yes, please give brief details: \_\_\_\_\_

Name & Address of Family Doctor: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

- The school authorities must be informed of any change in the medical status of the student while attending the school.
- The school authorities will make every effort to contact the parents / guardians during a medical emergency involving your child, but if we are unable to make contact, we will contact a local doctor and/or hospital.
- The school authorities must be informed of any change to Parent(s)/Guardian(s) contact details while attending the school.
- If accepted all students are asked to pay school charges as set by the Board of Management each year.

**Declaration:**

I / We hereby apply to Patrician Secondary School for a place for this student.

I / We confirm that all information provided in this application is correct and true.

I / We accept that this school is of Catholic Ethos and respect and understand the value system that this entails.

I / We accept the right of the school to impose sanctions for misconduct in accordance with the Code of Behaviour.

I / We accept and agree to be bound by the Policies of the Patrician Secondary School.

**Signatures of Parent(s) / Guardian(s)**

The school requires the signatures of all Parent(s) / Guardian(s) who have custody of the student.

Mother's / Guardian's Signature: \_\_\_\_\_

Father's / Guardian's Signature: \_\_\_\_\_

- Items to be included with this application form- (i) **Copy of Birth Certificate**

*The information supplied will be kept on the office computers and will be used for administrative purposes by the school authorities and returns to the Department of Education and Skills. The school will also disclose relevant information to the teaching staff and counsellors. The School Authorities will adhere to the guidelines as laid down by the Data Protection Commissioner.*

Date of return of form to school (Office Use only): \_\_\_\_\_