



# Application Form for Entry into

## First Year for 2023/2024

St Joseph's College,  
Garbally Park,  
Ballinasloe,  
Co. Galway.

0909642504

garbally.college@gmail.com

Applicants should read the school's Admission Policy, which is available on [www.garballycollege.com](http://www.garballycollege.com) prior to completing the application form.

For office use: Date & time received & by whom (initials) :

The information requested on the application form is required in order to process your application for admission to the school. The information provided by you will be treated confidentially and processed in line with the school's Admission Policy.

**Please complete this form in BLOCK CAPITALS**

### Student's Personal Details

Surname:	First name/s:
Address:	
Date of Birth:	Place of Birth:
PPS Number	

### School that the student is currently attending:

School Name & Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Roll No: \_\_\_\_\_

For entry into 1<sup>st</sup> Year I confirm that this applicant is currently in 6<sup>th</sup> class in primary school and will complete 6<sup>th</sup> class in June 2023    Yes  No

Mainstream Class                           ASD Unit

<b>Prior links with school (if any)</b>	<b>No</b>	<b>Yes</b>	<b>Name/s</b>	<b>Years attended</b>
If yes, please provide details.				
Is the applicant a brother of a current student? If yes, please provide details.				
Is the applicant a brother of a former student? If yes, please provide details.				
Is the applicant a son or grandson of a former student?				

**Parent / Guardian Details:**

**PLEASE ENSURE THAT YOU PROVIDE A WORKING EMAIL ADDRESS AND MOBILE PHONE NUMBER AS MOST COMMUNICATION WILL BE BY EMAIL OR TEXT**

Surname: _____	Surname: _____
First Name: _____	First Name: _____
Relationship to Student: _____	Relationship to Student: _____
Tel (home): _____	Tel (home): _____
Mobile No: _____	Mobile No: _____
Email Address: _____	Email Address: _____
Postal Address: _____	Postal Address: _____

**PLEASE READ**

*Any personal data provided on this form will be used to (i) identify applicants (ii) process an application in line with the school's admissions policy (iii) communicate with parents/guardians in respect of an application (iv) notify parents/guardians of the outcome of an application.*

*The information will be retained for an appropriate period thereafter to address any potential queries arising from the application process or added to the student's school file in the case of successful applicants.*

*In accordance with section 66(6) of the Education Act 1998, as amended, personal data relating to applications for admission may be shared with the board of management of another school or the patron in order to facilitate the efficient admission of students. This information may include the date on which an application was received by the school, the date on which an offer was made and the date on which an offer was accepted. Personal information concerning applicants may also be shared, including their name, address, date of birth and PPS number.*

*Further information on the handling of your personal data, including how to exercise your rights under GDPR, is set out in the school's Data Protection Policy, which is available on [www.garballycollege.com](http://www.garballycollege.com)*

I/we confirm that all of the information supplied is complete and correct. [    ]

Signature/s of Parent/s or Guardian/s: \_\_\_\_\_ Date: \_\_\_\_\_



# ENROLMENT FORM

## 2023/2024

*Closing Date for the return of the Enrolment Form for 1<sup>st</sup> Years: 12<sup>th</sup> December 2022*

Name of Applicant				
Proposed year of entry: (Please tick box beside the year)	1 <sup>st</sup>	<input type="checkbox"/>	TY	<input type="checkbox"/>
	2 <sup>nd</sup>	<input type="checkbox"/>	5 <sup>th</sup>	<input type="checkbox"/>
	3 <sup>rd</sup>	<input type="checkbox"/>	6 <sup>th</sup>	<input type="checkbox"/>

This application, when completed should be returned to the Garbally College office and must be accompanied by:

1. A copy of the applicant's birth certificate (baptismal certificates are not accepted).
2. If applying for a place in a year other than First Year, it is essential to include reports (with full subject list) from at least the previous two years and to provide the name and telephone number of the Principal of the previous school attended.
3. Psychological or other assessment reports, if applicable.
4. Irish Exemption Certificate, if applicable.
5. Incomplete forms will not be processed.

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**For Office Use Only**

Enrolment Form Received	
Birth Cert Checked	
Reports/Exemptions included	

School Stamp

Student Details	
Surname:	First name:
Eircode: <i>(must be included)</i>	Home telephone:
Address:	Date of Birth:
	Nationality:
	P.P.S. No.:
Medical Card: Yes <input type="checkbox"/> No <input type="checkbox"/>	Religion:
Name of Sibling(s) attending Garbally College (if any):	

Current School Details	Dates
Name of present school:	
Address of present school:	

Previous School Details (if any)	Dates
Name of previous school:	
Address of previous school:	

Parent / Guardian Details		
Mother's Full Name	Maiden Name	Mother's Mobile Telephone No.
Mother's Email Address		Work Telephone No.
Father's Full Name		Father's Mobile Telephone No.
Father's Email Address		Work Telephone No.
Relevant confidential family information (parent deceased, separation, etc.)		
Please tick here if you are happy to receive school correspondence by email. (All efforts are being made to reduce paper usage). <input type="checkbox"/>		
Medical Details		
Doctor's Name		Doctor's Telephone No.

Doctor's Address	Medical Condition/s (if any)

### Student Requirements

Has your child any special requirements, e.g. learning, behavioural, emotional  
Please give details

Does your child require placement in the following:

ASD CLASS

Moderate Class

Has your child ever been tested/assessed? (Please tick)

Yes  No

If yes, by whom and when \_\_\_\_\_

*Test report(s) must accompany this enrolment form.*

Would you consent to having your child assessed if necessary?

Yes  No

Did your child have SNA access? Y  N

Did your child receive supplementary help in Primary School? Y  N

### Irish Exemption

Has your child received an exemption from Irish in Primary School?

Date of exemption: \_\_\_\_\_

*A copy of the exemption must accompany this form*

The Department of Education and Skills requests Post-Primary Schools to furnish via the "Annual Post-Primary School October Returns/Examination Entries" process specific data which requires your written consent for the school to record this information and for the school to forward this information to the Department for the purposes as outlined in circular 47/2010, a copy of which is available at [www.education.ie](http://www.education.ie)

I consent to information being shared/forwarded to the Department of Education and Skills and where appropriate with class teachers.  Yes  No

I consent to information being collected from my child's previous school in relation to their

education.

Yes

No

I consent to screening/diagnostic tests being administered during my child's time in school to help identify and support their learning needs. Yes  No

I consent for my child to be filmed, photographed and named for school purposes to be used for articles being sent to newspapers, the school website/ social media and other school related publications. Yes  No

The School offers a full Guidance and Counselling Service. If you do not wish for your child to participate in any aspect of the programme, please indicate below which aspects you do not wish them to receive over their time in Garbally College.

I request that my child does not participate in:

Education Counselling

Career counselling

Personal Counselling

### Declaration

I wish to enrol my child as a pupil at Garbally College.

I wish to state that we will support and endorse the school Code of Behaviour as laid down by the school authorities.

I have read the Code of Behaviour and agree to abide by it.

Student's Signature	Date:
Parent / Guardian(s) Signature	Date:

### Parental Permission

We/I authorise my child \_\_\_\_\_ to leave the school premises during lunch break when (s)he reaches Senior Cycle i.e. Transition Year, 5<sup>th</sup> Year and 6<sup>th</sup> Year unless we/I write to you to the contrary.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_