



# Lanesboro Community College



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[www.lanesborocc.com](http://www.lanesborocc.com)

## APPLICATION FOR ADMISSION 2022-2023

Student's Surname: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone No. \_\_\_\_\_

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

PPS/RSI No: \_\_\_\_\_

Nationality: \_\_\_\_\_

Gender: \_\_\_\_\_

Medical Card Holder: Yes or No (please circle)

English first language: Yes or No (please circle)

Father's Name: \_\_\_\_\_

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

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

Father's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father's Contact Number:

Father's Email Address:

Mother's Contact Number:

Mother's Email Address:

Correspondence to go to both parents (i.e. if different addresses): Yes \_\_\_ No\_\_\_

In case of illness/emergency, please contact:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(Second person if first is not available)

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**School Record:**

Name of Primary School: \_\_\_\_\_

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

Number of years in the school: \_\_\_\_\_

Has student ever received Learning Support/Resource Hours? Yes \_\_\_ No \_\_\_

Has student ever received a Psychological Assessment? Yes \_\_\_ No \_\_\_  
(Please supply copies of any previous reports)

Extra-curricular Activities: (sports, clubs, societies you are involved in and any additional interests i.e. GAA, soccer, music, piano, guitar, chess etc.)

Sports/Games:

\_\_\_\_\_  
\_\_\_\_\_

**Health Record:**

Family Doctor's Name: \_\_\_\_\_ Doctors Number: \_\_\_\_\_

In the event of a medical issue arising in during school activities, please provide details of any illness, condition or medications we should know about. Please note it may be necessary to disclose this information to staff in certain circumstances in the interests of the student:

\_\_\_\_\_

We hereby give permission for the school to request previous reports and assessments from the applicant's previous school. We understand that the information provided on this application will be used for the purposes set out in our Privacy Statement which is available on our website.

Signature: \_\_\_\_\_  
Applicant (if over 18)

\_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

**\*Copy of birth certificate required**

**“Ar Aghaidh le Chéile”**