


Please Attach Passport Photo		<h2 style="text-align: center;">St. Flannan's College</h2> <h3 style="text-align: center;">Killaloe Diocesan College</h3> <p style="text-align: center;">A Catholic Voluntary Secondary School</p> <h2 style="text-align: center;">Application Form 2018/2019</h2>	<p style="text-align: right;">St. Flannan's College Clare Road, Ennis, Co. Clare.</p> <p>e-mail stflannans@eircom.net web www.stflannanscollege.ie</p>
Completed 1st Year Application Forms must be returned by January 26th 2018			<i>For office use:</i> Date/time received: _____ Signed: _____

Note that completion of this application does not guarantee admission. All of the information that you provide on this application will be treated as confidential.

Please complete this form in BLOCK CAPITALS

Student's Personal Details

** indicates an item required by the Department of Education & Skills for their records*

* First name/s:	*Address:	*Male <input type="checkbox"/>
* Surname		*Female <input type="checkbox"/>
Students' name as it appears on birth certificate:		* Date of Birth: day/month/year / /
Home Phone No: <input type="text"/>	* Student's PPSN : <input type="text"/> <i>If you don't know your son's/daughter's PPSN, you can get it from your Social Welfare Local Office or by phone from 01- 704 3281.</i>	
* Date of Birth:	* Mother's Name at Birth/Maiden Name:	
Number of Children in the Family: <input type="text"/>	* Student's Nationality: _____	

*Siblings currently in the school (if any)	Name/s	Year Group - 2 nd , 3 rd , TY, 5 th or 6 th .
Names of sister(s)/brother(s) currently in St Flannan's		

***Primary School that the student is currently attending:**

School Name & Address: _____ _____
Tel No: _____ Roll No: _____ <i>You should be able to find this information. on your son's/daughter's Primary School Journal or ask the school to tell you.</i>
For entry into 1 st Year I confirm that this applicant is currently in 6 th class in primary school and will complete 6 th Class in June 2018 Yes <input type="checkbox"/> No <input type="checkbox"/>

***Parent /Guardian Details:**

*Surname: _____	*Surname: _____
*First Name: _____	*First Name: _____
*Relationship to Student: _____	*Relationship to Student: _____
Occupation: _____	Occupation: _____
*Tel (home): _____	*Tel (home): _____
*Tel (work): _____	*Tel (work): _____
*Mobile Number: _____	*Mobile Number: _____
*e-mail: _____	*e-mail: _____

Name and Address to which all correspondence should be mailed to:

In accordance with the Department of Education and Skills Guidelines I give permission for St Flannan's College to share information on this form with the DES and for both the school and the DES to retain personal information about my child for the purposes outlined in DES Circular 0047/2010 (a copy of which is available at www.education.ie or from the school office). Please tick the box to indicate your permission.

I/we have read the St. Flannan's College Code of Behavior included or at www.stflannanscollege.ie

By ticking this box and signing below you are accepting to abide by the school's code of behaviour

I/we agree to abide by this Code of Behaviour.

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

I/we have included a copy of a valid Birth Certificate.

Please return this completed application form with a *copy* of a valid *Birth Certificate* to the following address.

**First Year Admissions
St. Flannan's College,
Clare Road,
Ennis,
Co. Clare.**

Signature/s of Parent/s or Guardian/s: _____ Date: _____

_____ Date: _____