



COISTE GAIRMOIDEACHAIS CHONTAE ÁTHA CLIATH
COUNTY DUBLIN VOCATIONAL EDUCATION COMMITTEE



Educate
Together

Kishogue Community College Enrolment Application 1st Year September 2014

Student's Details (PLEASE USE BLOCK CAPITALS):

Surname	First Name	Second Name
_____	_____	_____
Home Address (where student lives)	Second Address (if relevant)	
_____	_____	
_____	_____	
_____	Email: _____	
Date of Birth: dd/mm/yyyy _____	Home Telephone No: _____	
Student's Gender: Male _____ Female _____	No. of Children in Family: _____	
Student's Country of Birth: _____	Student's Position in Family: _____	
If student is from outside Ireland when did his/her education in Ireland begin: _____		
Student's Public Personal Service Number (P.P.S.) Number: _____		

If you do not have this number for your son/daughter you will need to telephone the following number: **01-7043281**
(Registration Section, Department of Social, Community & Family Affairs)

Parent(s)/Guardian(s) Details:

Father's First Name: _____	Mother's First Name: _____
Surname: _____	Surname: _____
Occupation: _____	Occupation: _____
Work No: _____	Work No: _____
Mobile No: _____	Mobile No: _____

Please give details of person to contact if none of the above is contactable:

Name: _____ Contact No: _____ Relationship to Student: _____

Present Primary School Details:**Name of Present Primary****School:** _____**School Phone No:** _____ **School Roll No:****Principal:** _____ **Class/ Teacher:****Health Details:****Family Doctor:** _____ **Phone****No:** _____**Do you hold a medical card? If yes please give the medical card number:** _____**Details of medical history (where relevant):****Has your child received learning support in primary school? If yes, please give details, and include report if appropriate.****Has your child received language support in primary school? If yes please give details:****Has your child an official exemption from Irish? If yes, please include letter of exemption from studying Irish.****Yes****No****Please tick ✓****Are there any other circumstances it would be helpful to be aware of?**

Hobbies and Interests:

- (1) No commitment will be made to any applicant until the Board has approved all applications. An enrolment fee may be requested at a later date.
- (2) An acknowledgement/receipt will be issued for applications received. Parent(s)/Guardian(s) who have not received an acknowledgement within two weeks of the closing date are advised to contact County Dublin VEC immediately.

Parent(s)/Guardian(s) Signatures:**Father :** _____**Mother:** _____**Student's Signature:** _____**Date of Application:** _____**Applications should be returned to the following:**

**Ms Thea Watters,
County Dublin VEC
1, Tuansgate,
Belgard Square East,
Tallaght,
Dublin 24
Phone 01-4529600
Fax 01-4515196
e-mail t.watters@codubvec.ie**

Please attach the following to the application form

- 1) Student's Original Birth Certificate**
- 2) 2 Passport Photographs of Student**

For Office Use Only:**Date of receipt of application:** _____**Signed:** _____