



Roll No: 91427C

Heywood Community School

Ballinakill, Co. Laois.

Tel: 057-8733333 Fax: 057-8733314

E-mail: admin@heywood.ie Web: www.heywood.ie

FIRST YEAR APPLICATION FOR ADMISSION **2023/2024**

STUDENT PERSONAL DETAILS

Surname: _____ Christian Name: _____

Date of Birth: _____ Country of Birth: _____

Religion: _____ Gender (M/F): _____ **PPS No:** _____

FAMILY DETAILS

Father's Name: _____ Mother's Name: _____

Address: _____ Address : _____

_____ Eircode: _____ _____ Eircode: _____

Guardian(s)/Foster Parent(s): _____ Mother's Maiden Name: _____

Contact Phone No: _____ Contact Phone No: _____

Names of siblings already attending Heywood C.S.

Name: _____ Name: _____ Name: _____ Name: _____

EDUCATION DETAILS

Name & Address of Primary School attended: _____ **Roll Number:** _____

Has your son/daughter been in receipt of Learning/Special Needs support in Primary School? YES ☐ NO ☐

Does your son/daughter have a Psychological Report? YES ☐ NO ☐

If yes, a copy of this report must be included with this application form.

Does your son/daughter have access to a S.N.A. YES ☐ NO ☐

Has your son/daughter an exemption in Irish? YES ☐ NO ☐

If yes, a copy of the Certificate of Exemption must be included with this application form.

LEISURE ACTIVITIES

Please specify Artistic/Creative /Sporting/or other hobbies.

STUDENT'S HEALTH

If your son/daughter has any medical condition(s) of which we need to be aware of (Asthma; Diabetes; Epilepsy; Hearing; Sight etc.) please give details.

Family Doctor: _____ Phone No: _____

PARENTS' / GUARDIANS' PERMISSION

For the purposes of school promotion and the acknowledgement of achievements I/we give permission to the school for my/our son/daughter:

- (a) to appear in group or individual photographs. YES ☐ NO ☐
- (b) to be featured as an individual or a member of a group in local newspapers, the school website or school magazines. YES ☐ NO ☐
- (c) to travel on school trips both sporting and educational which may be organised by the school from time to time. YES ☐ NO ☐

PARENTS' / GUARDIANS' ENROLMENT SIGNATURES

*Both signatures (where applicable) needed. These signatures endorse the completed details of this Application Form.

I/we wish to enrol my/our son/daughter in Heywood Community School. I/we undertake to see that my/our son/daughter will attend school punctually and regularly. I/we have received and understand the school's Code of Discipline and I/we undertake that my/our son/daughter will obey the rules of the school.

I/We agree to co-operate with the School Authorities in the implementation of this code and all school regulations and policies.

Student: _____ Date: _____

Mother/Guardian: _____ Father/Guardian: _____ Date: _____

Student Services & Extra-Curricular Fee of €100 and a COPY of Birth Certificate (to be retained by the school) must accompany this Application Form.

S.S.E.C Fee: ☐ Birth Certificate: ☐

Please Note €100 includes: Personal Accident Insurance; Assessment Tests; Use of Locker; School Diary; Communications Examination etc.

Note: Pupil P.P.S. number is available from the Child Benefit Department, St. Oliver Plunkett Road, Letterkenny, Co. Donegal. Tel: 074/9164400. A parent must have their own P.P.S. number in order to obtain their son's/daughter's number.

For Office use only

DATE	CASH/CHEQUE	BIRTH CERT (Y/N)	REPORT (Y/N)	PPS (Y/N)	CHECKED	PPOD
NOTES						