



# Heywood Community School

Ballinakill, Co. Laois. Tel: 057-8733333  
E-mail: [admin@heywood.ie](mailto:admin@heywood.ie) Web: [www.heywood.ie](http://www.heywood.ie)

Roll No: 91427C

## FIRST YEAR APPLICATION FOR ADMISSION 2024/2025

### 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: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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.

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## 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.

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**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
<b>NOTES</b>						