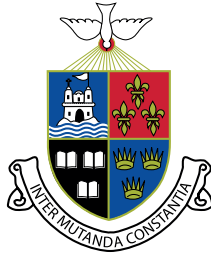


**ROCKWELL COLLEGE APPLICATION FORM**



For Academic Year Beginning 20 \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ PPS No.: \_\_\_\_\_

Applying to join: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  TY  5<sup>th</sup>  6<sup>th</sup>  Repeat

Name of Parents / Guardian: \_\_\_\_\_

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

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

Contact Details - Phone Number Home \_\_\_\_\_

Contact Details - Phone Number Mobile: 1) \_\_\_\_\_ 2) \_\_\_\_\_

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

Work Contact Details: \_\_\_\_\_

Alternative Next-of-Kin Contact Details: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S DETAILS:

Medical Card      Yes       No

Religion: \_\_\_\_\_

Present School \_\_\_\_\_

\_\_\_\_\_

Class: \_\_\_\_\_

**Please enclose two School Reports (NB, your application will not be processed without two school reports)**

Please state reason for transfer from previous secondary school (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Special educational requirements:      Yes       No  Please enclose relevant reports

Do you have an exemption from the study of Irish?      Yes       No  Please enclose relevant documentation

Particular medical / psychological requirements      Yes       No  If yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ENROLMENT POLICY**

The Admission Policy of Rockwell College is in accordance with the Education Welfare Act 2000.  
The Policy is inclusive

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

*Please remove and return completed Application Form to the Principal*