



Rockwell College Application Form -First Year

For Office Use Only

Date Received:

Place offered:

Place on waiting list:

Applying to commence: September 2027: Boarding pupil ☐ Day Pupil ☐
September 2028: Boarding pupil ☐

PLEASE PRINT CLEARLY

Applicant's Name _____ M ☐ Fem ☐

Date of Birth (DD/MM/YYYY) _____ PPS: _____

Religion: _____

Name of Parent(s) / Guardian: _____

Address: _____

_____ Postcode: _____

Email: _____

Mother's Maiden Name: _____

Primary School Name & Address: _____

Parent/Guardian Contact Numbers:

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Alternative Next-of-Kin Name: _____ Contact number: _____

OVERSUBSCRIPTION

In the event that Rockwell College is oversubscribed, the College will apply the selection criteria as set out in the Rockwell College Admissions Policy.

Please tick the following as relevant:

The applicant has a sibling currently attending Rockwell College. <i>Please give name of sibling and current year.</i>	
The applicant has a sibling who formerly attended Rockwell College. <i>Please give name of sibling and year left.</i>	
The applicant is a child of a member of staff at Rockwell College <i>Please give name of staff member</i>	
The applicant parent(s) / grandparent attended the College <i>Please give name of parent/grandparent</i>	
The applicant is a nephew/niece of a member of the staff at Rockwell College <i>Please give name of Congregation member</i>	
The applicant is a nephew/niece of a member of the Spiritan Congregation <i>Please give name of Congregation member</i>	
None of the above apply to this applicant	

CODE OF BEHAVIOUR

In accordance with section 23(4) of the Education (Welfare) Act 2000, Rockwell College is **not obliged** to accept an application when the parent/guardian of the applicant fails to confirm in writing that the Code of Behaviour of the school is acceptable to him or her **and** that he or she shall make all reasonable efforts to ensure compliance with such code by the applicant.

As the parent(s) / guardian of the applicant, I hereby confirm that the Code of Behaviour of Rockwell College is acceptable to me and that I will make all reasonable efforts to ensure compliance with the Code by the child on whose behalf I make this application:

Name (print): _____ Name (print): _____

Signature: _____ Signature: _____

Please return this form to: **Admissions Office, Rockwell College, Cashel, Co. Tipperary E25 ED60**



Rockwell College Application Form
For entry to Year Groups other than First Year

For Office Use Only	Date Received:
Date of Meeting:	Place offered:
Place on waiting list:	

Applying to commence: September 2027: Boarding pupil ☐ Day Pupil ☐
September 2028: Boarding pupil ☐ Day pupil ☐

Commencing Year Group: _____

Applicant's Name _____ **M** ☐ **Fema** ☐

Date of Birth (DD/MM/YYYY) _____ **PPS:** _____

Religion: _____

Name of Parent(s) / Guardian: _____

Address: _____

_____ **Postcode:** _____

Mother's Maiden Name: _____

Contact email : _____

Parent/Guardian Contact Numbers:

Name: _____ **Contact Number:** _____

Name: _____ **Contact Number:** _____

Alternative Next-of-Kin Name: _____ **Contact number:** _____

Name of Current School: _____

Please outline the reasons for transferring from the current school: (Application will not be processed if this section is not completed) _____

Application for entry to years other than First Year must be accompanied by two school reports.

The applicant and parent(s) will be invited within 10 school days of receipt of the application to meet with the Principal/Deputy Principal at a time convenient to the applicant and parent, at which time the motivation for a change of school, the academic progress and the behaviour record of the applicant can be discussed. Suitability for boarding in a residential environment will also be discussed as appropriate.

The Admissions Policy for Rockwell College is available at www.rockwellcollege.ie

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As the parent(s) / guardian of the applicant, I hereby confirm that the Code of Behaviour of Rockwell College is acceptable to me and that I will make all reasonable efforts to ensure compliance with the Code by the child on whose behalf I make this application:

Name (print): _____ Name (print): _____

Signature: _____ Signature: _____

Please return this form to: **Admissions Office, Rockwell College, Cashel, Co. Tipperary E25 ED60**