

# ENNIS COMMUNITY COLLEGE

## Exceptionally Able Students (IQ greater than 130)

1. At what age was your child identified as being exceptionally able? \_\_\_\_\_

2. What standardised test was used to identify this talent? (ie psychological assessment, SAT tests, IQ test)

\_\_\_\_\_

3. Is he/she attending accelerated learning courses outside of school? Yes/ No

4. If Yes please give details.

\_\_\_\_\_

5. Is the student a member of the Centre for Talented Youth in Ireland (CTYI)? Yes  No

6. Is the student a member of the Irish Association for Gifted Children (IAGC)? Yes  No

## Health:

Please outline any health related issues and/or medication of which the school needs to be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: The school must be notified immediately if (a) there is a change of address (b) there is a change of telephone numbers, (c) any relevant health issues not listed above arise.*

### Declaration

I declare all the above information to be true and give my consent for any of the named professional personnel/ organisations on this form to be contacted.

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

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

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For Official Use Only

TS: Yes  No



Passport  
Photo

NAME: \_\_\_\_\_

## FIRST YEAR SCHOOL ENROLMENT FORM

**INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION.**

Please complete in CAPITAL LETTERS, using blue/black pen.

PLEASE ENSURE YOU HAVE ENCLOSED THE FOLLOWING:

- Complete Application Form
- Original Birth Certificate *(copy will be taken and original will be returned)*
- 1** Passport Photo *(name on back)*

Please submit the following upon acceptance:

- Official Irish/Foreign Language Exemption Certificate *(if applicable)*
- Copy of Psychological Assessments *(if applicable, upon acceptance)*
- Photocopy of Medical Card *(if applicable)*

### Student Details:

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Male**  **Female**   
 PPS Number: \_\_\_\_\_  
 New Entrant to Ireland: **Y**  **N**   
 Date of Entry to Ireland (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Medical Card Number (if applicable): \_\_\_\_\_  
 If you cannot locate number, please contact your local Social Welfare Office (Ennis: 065-6829899)

### Family Details:

**Father**  **Guardian**  (please tick)

Surname	Forename	Home Telephone	Work Telephone	Mobile Telephone

Father/Guardian Postal Address	Father/Guardian Occupation

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

**Mother**  **Guardian**  (please tick)

Surname	Forename	Home Telephone	Work Telephone	Mobile Telephone

**Mother's** surname before marriage \_\_\_\_\_

Mother/Guardian Address	Mother/Guardian Occupation

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

### Siblings

Number of children in the family: \_\_\_\_\_  
 List **each child's age and school they are currently attending** (where applicable)

Age	School	Age	School

### Forwarding Name(s) and Address(es) for Official School Correspondance:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
*In the case where parents have seperate addresses, please indicate here who should receive correspondance: Both* \_\_\_\_ *Father only* \_\_\_\_ *Mother only* \_\_\_\_

### Student's Previous Schooling:

List *any* previous schools attended, addresses of schools and years in attendance (In Ireland or Abroad)  
 School: \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_  
 School: \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_  
 School: \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

### Irish or Foreign Language Exemption Certificate:

1. Does your son/daughter have an exemption from Irish or foreign languages from the Department of Education and Skills?

**Yes**  **No**

2. If Yes, please enclose a copy of the Official Exemption Certificate.

*Note: Students who do not have an exemption from Irish from the Department of Education & Skills **must study Irish.***

### If English is NOT the Student's First Language

**State student's first, second & third language;**

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

How many years has he/she been studying English? \_\_\_\_\_

**Student's Level of English:**

**Beginner**  **Beginner- Intermediate**  **Intermediate**  **Intermediate- Advanced**  **Advanced**

**Parents'/ Guardians' Level of English:**

**Beginner**  **Beginner- Intermediate**  **Intermediate**  **Intermediate- Advanced**  **Advanced**

**Interpreter** (if required)

Name: \_\_\_\_\_

Telephone number : \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Language Support Required **Yes**  **No**

### Students with Special Education Needs

1. Has the student **ever** had a Psychological Assessment? **Yes**  **No**

2. Date of Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Name & Address of Psychologist \_\_\_\_\_

4. Did the student have a Special Needs Assistant (SNA) **in the previous school**? **Yes**  **No**

5. Did the student receive **resource/ learning support**? **Yes**  **No**

6. If yes, how many hours per week? \_\_\_\_\_