**APPLICATION FORM FOR ADMISSION – 2025/2026**

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| ***This is an application form for admission and does not constitute an offer of a place, implied or otherwise.***  |
| Completed applications will be accepted from:  | **14th October, 2024** |
| The closing date for receipt of applications is: | **25th October, 2024** |

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| **All Application Forms and accompanying documentation should be emailed to** **info@erss.ie** **or sent to:** | **For office use only** |
| Edmund Rice Secondary SchoolMount St. Nicholas,Carrick-on-Suir,Co. TipperaryE32 P039 | Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_School Stamp: |

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| Please complete all sections of the following application using BLOCK CAPITALS |
| SECTION 1 - PROSPECTIVE STUDENT DETAILS |
| *Details of the young person for whom this application is being made.* |
| First Name: |  |
| Middle Name: |  |
| Surname: |  |
| Prospective Student’s Address: |  |
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|  |
| Eircode: |  |
| PPSN: |  |  |  |  |  |  |  |  |  |
| Date of Birth: |
| Primary School Attended: |
| Mother’s Maiden Name: |

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| SECTION 2 – DETAILS OF PARENT/GUARDIAN |
| *This information is sought for the purposes of making contact about this application. If more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.* |
|  | **Parent /Guardian 1** | **Parent /Guardian 2** |
| Prefix: (*e.g.* Mr./ Ms./Ms. *etc*.) |  |  |
| First Name: |  |  |
| Surname: |  |  |
| Address: |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Eircode: |  |  |
| Telephone no. |  |  |
| Email address: |  |  |
| Relationship to prospective student: |  |  |

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| **SECTION 3 – STUDENT CODE OF BEHAVIOUR** |
| **Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and that you shall make all reasonable efforts to ensure compliance of same by the prospective student if he secures a place in the school. Please note that the Code of Behaviour can be found at** [**www.erss.ie**](http://www.erss.ie) **as part of our admissions policy or obtained from the school office.** |
| **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the Code of Behaviour for the school is acceptable to me as the prospective student’s parent/guardian and I shall make all reasonable efforts to ensure compliance by the prospective student if he secures a place in the school.** |

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| SECTION 4 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION |
| *This information will assist in determining whether the prospective student meets the admission requirements in accordance with the order of priority as set out in section 6 of the Admission Policy for Edmund Rice Secondary School.* |

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| 1. **If the prospective student currently has any siblings in this school, please indicate their name(s) and current year(s) of study.**
 |
| 1. **Name:**
 |  |
| **Year:** |  |
| 1. **Name:**
 |  |
| **Year:** |  |
| 1. **Name:**
 |  |
| **Year:** |  |

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| 1. **If the prospective student’s father previously attended this school, please indicate their name(s) and years of attendance.**
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| 1. **Name:**
 |  |
|  **Year(s):** |  |
| 1. **Name:**
 |  |
|  **Year(s):** |  |

**PERMISSION TO PHOTOGRAPH YOUR CHILD**

**From time to time we take pictures during school term of students and their involvement in the wider school environment. We would like your permission to use these pictures on our website, in our newsletter, newspapers, school social media, notice boards etc. to promote Edmund Rice Secondary School.**

**Please tick YES or NO regarding our use of photos of your child.**

**YES. Please take or use any photos of my child**

**NO. Please do NOT take or use any photos of my child**

**MEDICAL HISTORY**

If your son has a history of or suffers with any medical condition that we should be made aware of please mention below:

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| **IMPORTANT INFORMATION:*** **All of the information that you provide in this application form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application may be rendered invalid.**
* **Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.**
* **For information regarding how your data is processed by the school, please see overleaf.**
* **Please sign below to demonstrate that you have read and understood this information.**
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Parent/Guardian 1 Date

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Parent/Guardian 2 Date

