



Enrolment Form 2024-2025

Please complete in BLOCK CAPITAL LETTERS only

Student Details									
Birth Cert Forename:									
Birth Cert Surname:									
Date of Birth:	D	D	M	M	Y	Y	Y	Y	
PPSN:									

Gender:	Male	Female
Nationality:		
Country of Birth:		
Mother's Maiden Name:		

Home Postal Address:							
Home Postal Address:							
Home Postal Address:							
Eircode:							

Number of siblings in family:	Student position in family:
Names of any current Brothers/ Sisters in High Cross College:	

Parent/Guardian Details		
	Parent/Guardian # 1	Parent/Guardian # 2
Full Name:		
Relationship to Student:		
Mobile phone no:		
Landline phone no:		
Workplace:		
Occupation:		
Email Address # 1:		@
Email Address # 2:		@

Educational Details	
National School Name:	
Address:	

In receipt of an Exemption from Irish?	Yes	No						
If yes, reason for Exemption from Irish								
Date Exemption from Irish was granted	D	D	M	M	Y	Y	Y	Y

Details of any Professional Report(s) i.e. psychology, psychiatry, audiology, ophthalmology, occupational therapy, speech & language therapy etc?		
Professional Report	Author of Report	Date of Report

Access to any learning support/resource teaching hours in national school?	
Yes	No
Access to any Special Needs Assistance in national school?	
Yes	No
Access to any Special Class/Special School placement in national school?	
Yes	No

Special Category Data		
To which ethnic or cultural background group does your child belong? Please circle one (categories are based on the Census of Population).		
White Irish	Irish Traveller	Roma
Any other White Background	Black or Black Irish - African	
Black or Black Irish - Any other Black Background		
Asian or Asian Irish - Chinese	Any other Asian background	
Other (inc. mixed background)	No consent	

Personal Category Data				
Mother Tongue	English	Irish	Other	No consent

I consent for the above special category data question and the personal category data question to be stored on the Post Primary Online Database (PPOD) and transferred to the Department of Education and any other post primary schools my child may transfer to during the course of their time in post primary school.

I consent	Yes	No
Signed by Parent/Guardian:		
Date:		

Family Doctor Details	
Name:	
Address:	
Phone number:	

Medical Card Details	
Medical Card owner:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Card Number:	
Expiry Date:	
G.P. Card owner:	Yes <input type="checkbox"/> No <input type="checkbox"/>
G.P. Card Number:	
Expiry Date:	

Medical Condition(s)	
Please outline details of any medical condition(s) or allergies if any:	
Please list any prescribed medication the student is required to take:	

Additional Information	
Is there any important background information which you feel we should be aware of or details which might ease the transition from Primary to Post Primary School?	

Parent/Guardian Consent

I consent for High Cross College and the Department of Education & Skills to retain personal information about my child for purposes as outlined in DES circular 0047/2010.	Yes	No
I consent for the use of photographic imagery and the name of my child being included for educational purposes on the school website/social media or in other publications.	Yes	No
I consent for my child to access educational, career and personal counselling as recommended by High Cross College. This may include visits to the School Counsellor or Chaplain.	Yes	No
I consent for High Cross College to put special educational needs supports (one to one, small group withdrawal or team teaching) in place to enable my child progress in school.	Yes	No
I consent to screening/ diagnostic/ standardised tests being administered during my child's time in school to help identify needs and to support their learning.	Yes	No
I consent to information being collected from my child's previous school in relation to their education and shared where appropriate with class teachers and school personnel.	Yes	No

Parent/Guardian Declaration

I confirm that the Code of Behaviour and Uniform Policy for the school is acceptable to me as the parent/guardian of the student and I shall make all reasonable efforts to abide by and ensure compliance if and when my child secures a place in the school.

I will read all relevant school policies e.g. on Admissions, the Code of Behaviour, Homework, Uniform, Anti-Bullying, Mobile Phone, Suspension, Expulsion etc, and I hereby undertake for myself and for my child to observe, support and uphold the rules and regulations of the school made or to to be made.

I enclose my child's original long form birth certificate and a copy of same with this enrolment form. (Note: the original will be returned to you).

I enclose recent proof of address (only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted).

I enclose an Exemption Certificate from Irish (where applicable).

I understand that it my responsibility to inform the school of any change in contact information or circumstances relating to this application.

I confirm that all of the above information is true and I wish to enrol my son/daughter for a place in High Cross College for the academic year 2024-2025

Parent/Guardian Signature 1: _____

Parent/Guardian Signature 2: _____

Important Information

All 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 enrolment form may be rendered invalid & returned.

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