



**MAYFIELD COMMUNITY SCHOOL, CORK**  
**Scoil Phobail Ghort Álainn, Corcaigh**

**APPLICATION FORM**  
**School Year 2018 / 2019**

**Personal Details**

*Please complete all sections of the form in BLOCK CAPITALS*

Student Name: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address: _____	Student PPSN: _____	
	Date of Birth: _____	
Primary School: _____	Religion: _____	
Address: _____	Nationality: _____	
Principal's Name: _____ Tel: _____	Home Tel: _____	
Previous School(s): _____	Language	
(if any)	spoken at home: _____	

<b>1. Parent/Guardian's Details</b>	<b>2. Parent/Guardian's Details</b>
Name: _____	Name: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Work Tel: _____	Work Tel: _____
Mobile No: _____	Mobile No: _____
Email: _____	Email: _____

**Name(s) of Brothers or Sisters in Mayfield Community School at Present:**

Name	Class	Name	Class

**Name(s) of Family Members who are Past Pupils of Mayfield Community School:**

Name	Name

Mother's Maiden Name: \_\_\_\_\_ Number of Children in Family: \_\_\_\_\_  
 Position of student in Family (1st, 2nd etc.) \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

**Medical Details**

Family Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Is there any medical condition(s) that the school needs to be aware of?  
 Yes  No   
 If Yes, please give details: \_\_\_\_\_

Medical Card Holder? Yes  No

If Yes, please state:  
 Medical Card No. \_\_\_\_\_

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

<b>Additional Educational Needs</b>		Has student been assessed by an Educational Psychologist? (or other professional)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does student receive, or has student ever received, Learning Support teaching in school?	YES <input type="checkbox"/>	<b>If YES, please attached COPY of Professional Report to this form</b>		
	NO <input type="checkbox"/>	Does student have an official Dept. of Education Exemption from studying Irish? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>If YES, please give details</b> (e.g. withdrawal for extra help with English or Maths): _____		<b>If YES, please attach copy of the Exemption Certificate to this form</b>		
Does student receive any help for special needs in school?	YES <input type="checkbox"/>	<b><u>NB. Exemptions cannot be granted without evidence</u></b>		
	NO <input type="checkbox"/>	Does student receive <b>English Language Support</b> (applicable only to non-nationals)? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>If YES, please give details</b> (e.g. a Special Needs Assistant, wheelchair user etc.): _____		Is student currently supported by an agency such as CAMHS, Bridgeway etc. YES <input type="checkbox"/> NO <input type="checkbox"/>		

<b>Parent/Guardian Consent</b>	<b>Please ✓ tick boxes and sign below:</b>
In accordance with the Department of Education & Skills' guidelines, the Board of Management must seek permission from parents/guardians in the following areas:	
<input type="checkbox"/> <b>DES Database</b>	I give permission for Mayfield Community School and the Dept. of Education & Skills to retain personal information about my child for purposes as outlined in DES Circular 0047/2010 (available at www.education.ie or on request from the school office)
<input type="checkbox"/> <b>Data Sharing</b>	I give permission for Mayfield Community School to share relevant information with other educational agencies, e.g. NEPS, NCSE
<input type="checkbox"/> <b>School Website/Publications</b>	I give permission for the use of school related photographic images which include my son/daughter on the school website and in other publications.

<b>School Policy Compliance Agreement</b>
<ul style="list-style-type: none"> <li>I understand, accept and agree to the aims and rules of Mayfield Community School as stated in the school's Enrolment Policy, and Code of Discipline and Behaviour (available from the school office on request)</li> <li>I agree to monitor my child's progress through the School Journal (replacement journal costs €5)</li> </ul> <p><b>Signature of Parent/Guardian:</b> _____ <b>Date:</b> _____</p> <ul style="list-style-type: none"> <li>I understand, accept and agree to the aims and rule of Mayfield Community School as stated in the school's Enrolment Policy, and Code of Discipline and Behaviour</li> </ul> <p><b>Signature of Student:</b> _____ <b>Date:</b> _____</p> <p>Mayfield Community School reserves the right to contact previous school(s) for a copy of the student's school records</p>

**We will offer a Maytrust Scholarship to four applicants based on performance in the Entrance Assessment to be held in January 2017. The scholarship will cover costs of books and registration for First Year**

We, the undersigned, certify that the above information is correct.

Signature of Applicant \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_

Signature of Father/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Applications must be lodged by 6th October 2017**

Mayfield Community School, Old Youghal Road, Mayfield, Cork

Ph: 021 4506855 \* email: admin@mayfieldcs.ie \* www.mayfieldcs.ie

Principal: Kieran Golden \* Deputy Principal: Kathleen Daly