



**Seamount College**

Kinvara  
Co. Galway

Phone : 091-637362

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seamount.ias@eircom.net

www.seamountcollege.ie

## Application for Admission

<b>School year</b>	<b>2011</b>		
<b>Students First Name</b>		<b>Student's Surname</b>	
<b>Student's Date of Birth</b>		<b>Student's PPS number</b>	
<b>Father's name</b>			
<b>Mother's name</b>			
<b>Mother's maiden name</b>			
<b>e-Mail (primary)</b>			
<b>e-Mail (secondary)</b>			
<b>Home address</b>			
<b>Home Phone</b>		<b>Work Phone</b>	
<b>Mobile Phone (mother)</b>		<b>Mobile Phone (father)</b>	

<b>Current School</b>			
<b>Current School Address</b>			
<b>Does the student currently have a sibling attending Seamount?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If yes, provide sibling's name and current class</b>			
<b>Religious Denomination</b>			
<b>Medical Card</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

We have read the school "Code of Behaviour" and "Admissions Policy" and are in agreement with its content. We will co-operate with the staff and support the ethos of the school.

Parents, please sign and date below:

Signed:	
Date:	

Signed:	
Date:	

Please return the completed enrolment form to the school by December 20<sup>th</sup> 2010