



Seamount College

Kinvara
Co. Galway

Phone : 091-637362
Fax : 091-637362
seamount.ias@eircom.net
www.seamountcollege.ie

Application for Admission

School year	2016		Applying for which class/year?	
Students First Name			Student's Surname	
Student's Date of Birth			Student's PPS number	
Father's name				
Mother's name				
Mother's maiden name				
e-Mail (preferred)				
e-Mail (secondary)				
Home address				
Home Phone		Work Phone		
Mobile Phone (mother)		Mobile Phone (father)		

Current School			
Current School Address			
Does the student currently have a sibling attending Seamount? If yes, provide sibling's name and current class	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Religious Denomination			
Medical Card	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 October 23rd 2015