



Seamount College
Kinvara, Co. Galway H91 N5P2

T: 091 637 362
E: admin@seamountcollege.ie
www.seamountcollege.ie

Application for Admission

Please return the completed enrolment form to the school by **October 13th 2017**.
All forms received after this date will be deemed **LATE** and added to the **WAITING LIST**.

School year	2018	Applying for which class/year?	
Students First Name		Student's Surname	
Student's Date of Birth		Student's PPS number	

As per the Admission Policy, is the applicant:

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1) Is the Applicant from a Feeder School?	If 'Yes', please Circle which school below:	
	New Quay Ballyvaughan Kiltiernan Labane	Kinvara Ballindeeren Northampton Doorus
	If 'No', please provide the name and address of present school School Name: School Address:	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Does the applicant have brother(s) / sister(s) presently attending Seamount?	If 'Yes', please state name(s) and class(es) of siblings	
	Name:	Class:
	Name:	Class:
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Is the applicant a Brother / Son / Sister / Daughter of a Seamount Staff Member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Is the applicant a Catholic Student from a Non-Feeder School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5) Is the applicant a Brother / Son / Sister / Daughter of a Past Pupil of Seamount?	If 'Yes', please state name(s) and date(s) of attendance:	
	Name:	Dates:
	Name:	Dates:



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Family Details

Father's Name		Mother's Name	
		Mother's Maiden Name	
Father's Address		Mother's Address	
Father's Phone Number		Mother's Phone Number	
Father's e-Mail Address		Mother's e-Mail Address	

Guardian (If other than above)

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Address for Postal Correspondence should this application be successful

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Parents/Guardian, please sign and date below:

Signed:

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Signed:

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Date:

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Date:

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Office Use Only
Date & Time Received