



Seamount College
Kinvara, Co. Galway H91 N5P2

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

Applicant should read the school's Admission Policy, which is available on www.seamountcollege.ie prior to completing the application form.

The information requested on the application form is required in order to process your application for admission to the school. The information provided by you will be treated confidentially and processed in line with the school's Admission Policy.

Any personal data provided on this form will be used to (i) identify applicants (ii) process an application in line with the school's admissions policy (iii) communicate with parents/guardians in respect of an application (iv) notify parents/guardians of the outcome of an application.

The information will be retained for an appropriate period thereafter to address any potential queries arising from the application process or added to the student's school file in the case of successful applicants.

In accordance with section 66(6) of the Education Act 1998, as amended, personal data relating to applications for admission may be shared with the board of management of another school or the patron in order to facilitate the efficient admission of students. This information may include the date on which an application was received by the school, the date on which an offer was made and the date on which an offer was accepted. Personal information concerning applications may also be shared, including their name, address, date of birth and PPS number.

Further information on the handling of your personal data, including how to exercise your rights under GDPR, is set out in the school's Data Protection Policy, which is available on www.seamountcollege.ie.



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Application for Admission

Please return the completed enrolment form to the school by **November 5th 2021**.
All forms received after this date will be deemed **LATE** and added to the **WAITING LIST**.

School year	2022-23	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:

1) Name and Address of student's present National School	
	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: _____
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 Brother / Son / Sister / Daughter of a Past Pupil of Seamount?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please state name(s) and date(s) of attendance: Name: _____ Dates: _____ Name: _____ Dates: _____



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Please complete in block capitals

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:		Signed:	
Date:		Date:	

Office Use Only
Date & Time Received