



STUDENT DETAILS:

Surname _____ First Name _____

DOB (DD/MM/YY) _____ School Year Entering in Sept 2019: 5th Year 6th Year Repeat

Student PPS Number _____

Student Email Address _____ Student Mobile Number _____

Nationality _____

Home Address _____

PARENT/GUARDIAN CONTACT DETAILS:

Mother's Name _____ Father's Name _____

Mobile Number _____ Mobile Number _____

Email Address _____ Email Address _____

Name & Address for Reports & Correspondence _____

Emergency Contact Name _____ Mobile Number _____

EDUCATIONAL HISTORY:

Do you require any specific learning support in order to access the curriculum

Yes No If yes, please specify _____

The Dublin Academy of Education is happy to facilitate and provide information on specialists for all SEN Testing, however the school itself does not have the capabilities to offer this service.

Have you been subject to serious disciplinary sanctions, including suspension or expulsion from school?

Yes No If yes, please specify _____

The Dublin Academy of Education reserves the right to seek confirmation of any information disclosed and will, if required, seek references in support of this application.

MEDICAL HISTORY (Strictly Confidential):

Do you have any medical conditions that we should be aware of?

Yes No If yes, please specify _____

We ask this question to ensure that we are able to provide a supportive environment that enables every student to fully access the curriculum. If you are in doubt, please consult the principal.

