



St. Columba's College,

Stranorlar, Co. Donegal

Phone (074) 9131246 Fax (074) 9132528

Email: admin@stcolumbasstranorlar.ie

APPLICATION FOR ADMISSION TO ST. COLUMBA'S COLLEGE 2024 – 2025

Proposed Date of Entry: 26th August 2024

Proposed Year Group for child in 2024-2025: _____

STUDENT DETAILS

Surname: _____ First Name: _____
Address: _____ Gender: _____
_____ Date of Birth: _____
_____ Home Tel No: _____

Student's Personal Public Service Number (PPSN): _____

Previous Primary/ Secondary School Attended

Name: _____ Class/Year: _____
Address: _____ Principal: _____
_____ Tel: No: _____

This section titled 'FAMILY DETAILS' is **not** required to be completed where the Applicant is over 18 years of age at the time of applying, unless s/he wishes the school to communicate with his/her parent(s)/guardian(s). The information is sought for the purposes of making contact about this application. If more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.

FAMILY DETAILS (Please complete as appropriate)

First name and Surname of parent/guardian/mother: _____

First name and Surname of parent/guardian/father: _____

Mother's Maiden Name: _____

Mother's Address: _____ Father's Address: _____

Mobile No: _____ Mobile No: _____

Name and Year Group of Applicant's sisters/brothers/siblings currently in St. Columba's College: _____

Please tick here if parent or guardian is a staff member of St. Columba's College:

☐

Please tick here if parent or guardian is a past student of St. Columba's College:

☐

If you have applied for a place in any other school(s), please state the names of the school(s): _____





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IMPORTANT INFORMATION

- Data supplied in this form comes under the terms of the Data Protection Acts 1988 & 2003 and the General Data Protection Regulations. This data is retained for use by the school in accordance with its data protection policy which is available on request.
- You are required to read and accept the conditions set out in the school's Admissions Policy. The Admissions Policy is available at www.stcolumbascollege.ie or on request from the school.
- You are required to ensure St. Columba's College has up-to-date contact details for the duration of your child's time in the College.
- You undertake to ensure St. Columba's College has all of your child's up-to-date health, educational, and any other relevant details, for the duration of your child's time at St. Columba's College.
- You must submit an original Birth Certificate for the person for whom an application is being made.
- By signing below, you are accepting the responsibilities, terms and conditions set out in this form and the Admissions Policy. You are also accepting that your son/daughter will abide by the school's Code of Behaviour and associated rules. The Code of Behaviour is available on request and may be found on the school's website at www.stcolumbascollege.ie. You are also confirming that you and your son/daughter will uphold the school's ethos in relation to all matters concerning the school.
- By signing below, you are confirming that all of the information contained in this form is correct and true. Be aware that failure to provide requested information or providing information that is false or misleading may result in the application being deemed invalid and an offer of a place may not be made or may be withdrawn. Where an application contains false or misleading information another application for the same person may not be submitted in the same school year.
- Where you have applied to (an)other school(s) and you are offered a place in St. Columba's College you will be required to confirm by a specified date that you are accepting the place in St. Columba's College and have declined any place offered by the other school(s) or withdrawn your application to the other school(s). Failure to do so by the specified date will result in your place in St. Columba's College lapsing and being offered to the next suitable applicant.

Signature of Parent/Guardian/Mother: _____

Date: _____

Signature of Parent/Guardian/Father: _____

Date: _____

Signature of applicant if aged over 18 years on the date of application: _____

Date: _____

OFFICE USE ONLY

Date & Time Received: _____

Signature: _____

Principal: Mr. Tom Rowan, **Deputy Principals:** Mr. John Sweeney, Ms. Georgina White, Ms. Amanda Timony