

# Woodbrook College, Bray, Co. Wicklow

Tel: 2822317; Email: [info@woodbrookcollege.ie](mailto:info@woodbrookcollege.ie)

## Application Form for New First Year Students

*(Prior to submitting an application, parents/guardians should familiarise themselves with the schools' admissions policy which can be downloaded from [www.woodbrookcollege.ie](http://www.woodbrookcollege.ie))*

**Pupil's Surname:** \_\_\_\_\_

**Pupil's Forename(s):** \_\_\_\_\_

**Pupil's PPS Number:** \_\_\_\_\_ **Nationality** \_\_\_\_\_

**Pupil's Date of Birth:** \_\_\_\_\_ **Birth Certificate Enclosed:** Yes  No

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Mobile: (Mother)** \_\_\_\_\_ **(Father)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Present School:** \_\_\_\_\_

**Present Class:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Application being made for September** \_\_\_\_\_ **(State Year)**

**Names of sibling(s) who are present or past pupils of Woodbrook College**

<b>Name</b>	<b>Year sibling currently in / Year he/she left school</b>
_____	_____
_____	_____

**Father's Name:** \_\_\_\_\_

**Father's Occupation:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Mother's Occupation:** \_\_\_\_\_

**Parents Signatures: Father:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**This form should be completed in full and returned to the school on or before October 15<sup>th</sup> in the year prior to admission. The completed form should be accompanied by the following:**

- 1) A copy of the applicant's Birth Certificate**
- 2) One recent passport size photograph of the applicant**

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## Additional Information

Please detail below any relevant illnesses or injuries which the student has suffered from in the past e.g. asthma, heart problems, diabetes, sight or hearing problems etc. Include also any allergies the student suffers from.

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Has the student ever been in hospital?    Yes        No   

If yes, please give full details: \_\_\_\_\_

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Is the student on any form of medication?    Yes        No   

If yes, please give full details: \_\_\_\_\_

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If the student does not live at the address listed on the official application form, please give details of their guardian's names and address below.

Guardians Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home)    \_\_\_\_\_    (Work)    \_\_\_\_\_

Mobile(s):    \_\_\_\_\_    \_\_\_\_\_

Email:    \_\_\_\_\_

Once you have received and accepted an offer of a place, you will be contacted to provide details of any special educational needs which your child may have. In order to ensure the necessary information is available in time, please ensure you have available the results of any assessments carried out as well as any psychological or other reports which may be relevant.

*I/we the parents/guardians of the above named applicant consent to the Principal/School authorities of his/her previous school(s) to release appropriate and relevant information to the Principal of Woodbrook College pertaining to our son/daughter in the event that such a request for information is received.*

Signed: \_\_\_\_\_ (Parent/guardian)    Date: \_\_\_\_\_