



# Centre for European Schooling Second Level Enrolment Form



1st  2nd  3rd  TYO  5th  6th

The academic year you are applying for: 20..... / 20.....

### Student's Personal Details

Family Name:..... First Name(s): .....

Male:  Female:

Date of Birth:..... Age: .....

Country of Birth:..... Nationality: .....

Address: .....

### Parents' / Guardians' Personal Details

#### Parent/Guardian 1:

#### Parent/Guardian 2:

Name:..... Name:.....

Maiden Name:..... Maiden Name:.....

Tel (Home):..... Tel (Home):.....

Tel (Mobile):..... Tel (Mobile):.....

'Text a parent' Number (if different from above): .....

#### Emergency Contact:

Name:..... Relationship:.....

Tel (Home):..... Tel (Mobile):.....

If any Legal Orders please state:.....

Please state if reports are to be sent to both parents/guardians separately. Yes:  No:

If yes, please provide second address: .....

Illness/Disability: .....

Doctor: ..... Tel: .....

No of Children in the Family:.....

Siblings attending/previously attended the CES / Dunshaughlin Community College:  
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**Educational Information**

Native Language(s):.....

Second Language:..... Is English Language Support required? Yes:  No:

Third Language:..... Do you have an Irish exemption? Yes:  No:

Special Needs:..... Psychological Report submitted? Yes:  No:

(Please attach any additional information)

**Previous School (if applicable)**

Name: .....

Address: .....

School Contact Name: .....

His / Her Telephone: .....

His / Her Email: .....

**ADDITIONAL INFORMATION (Achievements, Awards, Hobbies, Interests, etc.):**

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Signed (Parent/Guardian): ..... Date: .....