*Dear Parent(s)/Guardian(s),*

*Applications for enrolment for the academic year 2025–2026 will commence from Monday 14th October 2024 to Thursday 31st October2024. Applications will be accepted by post, or they can be handed into the school office from Monday 14th during school hours. The closing date for applications is Thursday 31st* ***October,2024.***

*The following will be required for enrolment:*

* *Enrolment Form*
* *Copy of Pupils original Birth Certificate*
* *Pupil’s PPSN*
* *Two Passport Photographs (with name on the back)*
* *Professional Assessment (if applicable)*
* *Irish Exemption (If applicable)*

***Please note both a copy of the Professional Assessment and Irish Exemption must be included with***

***your application in order for your child to be placed in classes for learning support.***

***School Services Fees for 2025-2026 are as follows:***

***€80 for 1st student attending, €60 for 2nd student attending, €40 for 3rd Student attending, Maximum of €180.***

*School Services Fees (Payable on acceptance) Also includes 24 hr Insurance*

*Our enrolment for 1st year for the academic Year 2025/26 will be capped at* ***180****. Late applications for enrolment received after Thursday 31st October will be placed on a waiting list for consideration depending on spaces being available.*

*All applicants will be informed in writing by Friday 6th December 2024 as to whether or not they are being offered a place. Those offered a place must confirm in writing by Friday,13th December 2024 their intention to accept/decline the offer. Failure to respond by this date will result in the offer being withdrawn and the place being allocated to the next applicant on the list (if applicable).*

**Special Class Application and Decision Dates for Admission 2025/26**

***If you are applying for a place in R60 which caters for children with ASD please ensure you tick the box on the enrolment form.***  *The following are the dates applicable for admission.*

*The school will commence accepting applications for admission to R60 from Monday 14th October 2024.*

*The closing date for applications is Thursday 31st October, 2024.*

*The date by which applicants will be notified of the decision on their application for admission to the Special class is 6th December, 2024. Applicants to R60 must confirm their acceptance by Friday, 13th December 2024..*

*The Schools Admission Policy and Code of Behaviour are available for download on the school website* [*www.tullowcommunityschool.ie/policies*](http://www.tullowcommunityschool.ie/policies)*.*

*We welcome your son/daughter to Tullow Community School.*

*Yours truly,*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Noel Murphy,*

*Principal.*

**Tullow Community School**

###### Photo

##### Enrolment Form - Year 2025/2026

*Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(as on Birth Certificate)*

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

*Pupil’s PPS No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_*

*Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year for which you wish to enrol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(1st. 2nd, 3rdetc)*

*Home Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

*(if different from above)*

*Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

*Place of work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Work Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*No. of children in family:\_\_\_\_\_\_\_\_\_\_\_\_\_ Place in family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(1st, 2nd 3rd etc)*

*Are you the holder of a Medical Card? Yes [ ] No [ ] Medical Card No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Please tick if you are applying for a place in our ASD Special Class. [ ]*

*Brother/Sister now in this school:*

*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_*

*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_*

*(1st, 2nd, 3rd)*

*School attended last year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Principal's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Class completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Personal Record:***

1. *Family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctors Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. *Contact person in case of emergency:*
3. *Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
4. *Is your child on medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

4 *Has it ever been suggested by your G. P., Public Health nurse or other relevant person that your child be referred for:*

1. *Extra hearing test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. *Testing of vision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
3. *Speech and language therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_*

*5 Please give details of any medical condition about which we should be aware? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Special Educational Needs****: Yes No*

*Did your child attend Learning Support/Resource Classes: [ ] [ ]*

*Does your child have an official Irish Exemption [ ] [ ]*

*Does your child have an Exemption from a Foreign Language [ ] [ ]*

1. *Has your child been referred for Psychological/Psychiatric testing: [ ] [ ]*
2. *Counselling: [ ] [ ]*
3. *Does your child have an SNA [ ] [ ]*
4. *Does your child have assistive technology [ ] [ ]*

**If your child has had a professional assessment of any kind, a copy of the report must be**

**produced on enrolment in order that the necessary resources may be accessed.**

**I give permission for pertinent information from these reports to be communicated to relevant teaching staff and for primary schools to forward any necessary documentation.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Parent’s Signature)*

*Any other relevant information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Check List. Yes No***

***Has the professional assessment report been delivered to the school with [ ] [ ]***

***Enrolment form:***

***Has the Irish Exemption Certificate been included with Enrolment Form [ ] [ ]***

***If not please forward to the school as soon as possible.***

***No student can be withdrawn from Irish without an Exemption Certificate***

***(DELETE AS APPROPRIATE)***

*I consent [ ] I do not consent [ ]to the publication of photographs of my child’s involvement in*

*school activities.*

# PROPOSED FIRST YEAR CURRICULUM 2025/2026

Pupil's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Primary School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following subjects will be taken by all pupils:

ENGLISH PHYSICAL EDUCATION (P.E.)

IRISH RELIGIOUS EDUCATION (R.E.)

MATHEMATICS SOCIAL, PERSONAL & HEALTH EDUCATION

SCIENCE (S.P.H.E.)

HISTORY CIVIC, SOCIAL & POLITICAL EDUCATION (C.S.P.E.)

GEOGRAPHY

In addition, three option subjects will be taken. Please select one subject from the option listed below:

**Option 1 (Please tick preferred language)**

|  |  |
| --- | --- |
| French |  |
| German |  |

**OPTION 2** **Please number the boxes in order of preference. e.g. 1,2,3**

|  |  |
| --- | --- |
| Art |  |
| Business Studies |  |
| Home Economics |  |
| Engineering |  |
| Graphics |  |
| Materials Technology (Wood) |  |
| Music |  |

If pupils wish to take French, German or Art for Leaving Certificate, we strongly advise that the subject be taken at Junior Certificate level.

There is a maximum class size which may affect the availability of the subjects chosen but every effort will be made to cater for each pupil's needs.

Pupil's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupil’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_

**CODE OF BEHAVIOUR CONTRACT**

**I agree to accept the Code of Behaviour and Policies of the school.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

I agree on behalf of my son/daughter that the Code of Behaviour is acceptable and I will support the school in upholding the standards set out under the Code.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Guardian

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Guardian

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_