



St. Raphael's College
Loughrea, Co. Galway

Tel: 091 841062 Fax: 091 847358
Email: info@saintraphaels.ie
Web: www.saintraphaels.ie

STUDENT ENROLMENT FORM 2017/18 Student Details.

Students Name in full

Full Postal Address

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Date of Birth PPS No Home Ph. No.

Parents Details

Mother's Name Mobile No.

Mother's Maiden Name (Dept. of Educ. Regulation)

Mother's Address (if different from above)

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Fathers Name Mobile No.

Father's Address (if different from above)

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Educational Details

Name of Primary School attended

Name of Principal..... Tel. No.

Does your son/daughter have any special educational needs: Yes No

If 'Yes' what are these needs?

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If 'Yes' has he/she been assessed by an Educational Psychologist?

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Did he/she receive resource help in Primary School

Please forward Educational Psychologists Report to the College with Application Form (if applicable).

Medical Details

Name of Family DoctorTel. No.

Does your son/daughter have an allergy/medical condition that we need to be aware of?

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General Information

What are your son/daughter's hobbies/interests?

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Name of brothers/sisters attending St. Raphael's College:

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Please include a copy of your son/daughter's BIRTH CERT with this form. Please return the completed application form to the college office on or before Friday 17th November 2017.

SignedParent/Guardian. Date

.....Parent/Guardian. Date