

**Preliminary
Application Form**

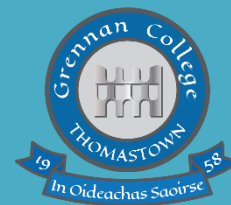
(Stage 1 of 2)



Grennan College

Ladywell Street,
Thomastown,
Co. Kilkenny

Phone: 056-7724112
E-mail: info@grennancollege.ie



1. Expression of Interest to Enrol

Childs First Name/s	Childs Surname
Nationality	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent/Guardian Name _____	Parent/Guardian Name _____
Address _____ _____ _____	Address _____ _____ _____
<u>Contact Details</u> Home: _____ Mobile: _____ Work: _____ E-mail: _____	<u>Contact Details</u> Home: _____ Mobile: _____ Work: _____ E-mail: _____
Primary School	Childs Date of Birth
Applicant PPS. Number	

Has an application for enrolment been made to another school(s)? **Yes** **No**

Please tick (✓) the relevant box:

Main stream Application:

ASD Application:

Year being applied for: _____

Parent/Guardians Signature: _____ **Date:** _____

Statement

A decision on an application for admission will be based on the implementation of this Policy, the information set out in the annual Admission Notice of the school and the information provided by the Applicant in the application for admission, once received before the closing date set out in the annual Admission Notice. The Principal of Grennan College is responsible for the implementation of this Admission Policy.

Note: The information provided on this form is confidential and will be retained, used and disclosed by *Grennan College* in line with the ETB Data Protection Policy in place, a copy of which can be viewed on the KCETB website. <http://kilkennycarlow.etb.ie/what-we-do/data-protection/>