

## **Sligo Grammar School**

1<sup>st</sup> Year Student Application Form 2025/2026 admin@sligogrammarschool.org +353 (0)71 9145010 www.sligogrammarschool.org

The Mall, Sligo.

## Note: The information provided on this form is confidential and will be used and retained by Sligo Grammar School until such time as the applicant is no longer a student at Sligo Grammar School. After this time this form will be securely shredded.

| Section A   | Applicant Information: Required for school enrolment and to ensure that the applicant meets<br>Sligo Grammar School's admissions criteria.  |  |  |                                |             |         |                                |
|---|---|--|--|--------------------------------|-------------|---------|--------------------------------|
| Surname   | 5   |  | Male                                     |                                | Female      |         | DD/MM/YYYY                     |
| First Name  |   |  | Personal Public Service<br>Number (PPSN) |                                |             |         |                                |
| Home Address  |   |  |  |                                |             |         |                                |
| Home<br>Telephone   |   | Country of Birth                                 |  |                                | Nation      | ality   |                                |
| <b>Religion</b><br>(please tick ✓)  | Church of Ireland   | Presbyterian Roman Catholic                      |  |                                |             |         |                                |
|   | Other (please state child's Religion)   |  |  |                                |             |         |                                |
|   | If applying under selection criteria 1 or 2, please complete the Religious Affiliation Form at the end of this application. Selection criteria 1 and 2 can be viewed on the Religious Affiliation Form. |  |  |                                |             |         |                                |
| I wish to apply f   | For a (please tick $\checkmark$ ):  | Day Place  | ] 5 D                                    | ay Boardi                      | ng 🗌        | 7 Day 1 | Boarding                       |
| Section B   | Contact Parents /   | Guardian Details: Red                            | quired to pro                            | ocess this a                   | application | l       |                                |
| First Name  |   |  | Surname                                  |                                |             |         |                                |
| Address (if different from postal address above)  |   |  |  |                                |             |         |                                |
| Relationship to   | Child   |  | 1  |                                |             |         |                                |
| Telephone   | (Mobile)  | (Home)   |  |                                |             |         |                                |
| * Email:  |   |  |  |                                |             |         |                                |
|   |   | e an email address for<br>ange please keep us in |  |                                |             |         | nod of communication chool.org |
| Section C   |   | <b>n</b> – Required for Adm                      |  |                                |             |         |                                |
| Number of Children in Family  |   |  | Place in Family                          |                                |             |         |                                |
| Name of Siblings  |   |  |  |                                | Gender      |         | Date of Birth                  |
|   |   |  |  |                                | M/F         | Γ       | D/MM/YYYY                      |
|   |   |  |  |                                | M/F         | Γ       | D/MM/YYYY                      |
|   |   |  |  |                                | M/F         | Γ       | D/MM/YYYY                      |
| Previous / current connection with Sligo Grammar School (please tick relevant boxes)                        |   |  |  |                                |             |         |                                |
| Sibling(s) attended Parent(s) attended Staff member None   Names:   |   |  |  |                                |             |         |                                |
| Section D Academic Information – Note: we may contact the school in connection with your child's enrolment. |   |  |  |                                |             |         |                                |
| Present School  |   |  |  |                                |             |         |                                |
| Address of School   |   |  |  |                                |             |         |                                |
| School Roll No;   | Roll No; Current Class/Year;  |  |  | Expected year of entry to SGS; |             |         |                                |

| <b>Section E</b> Educational Details – Required for the asse   | ssment of individual educational needs. |  |  |  |  |
|--|---|--|--|--|--|
| Irish is a compulsory subject for all students educated in Ireland unless they have been granted an exemption. If the applicant has been granted an exemption for Irish, please indicate the reason by ticking either A, B or C below. |   |  |  |  |  |
| A Applicant is a non-national.   |   |  |  |  |  |
| <b>B</b> Applicant was granted an exemption based on Educational Psychologists Report or similar   |   |  |  |  |  |
| C Applicant lived outside Ireland until 11 years of age.   |   |  |  |  |  |
| <b>Please Note:</b> On acceptance of a place, a Certificate of Exemption must be provided from the Applicant's previous school, along with a copy of the Educational Psychological Report and/or other supporting documentation.       |   |  |  |  |  |
| Section F Medical Details – Required for the assessme  | ent of individual medical needs.        |  |  |  |  |
| Does the student have any medical condition, suffer from allergies or have a physical/sensory disability? Yes 🗌 No 🗌   |   |  |  |  |  |
| <b>Please Note:</b> On acceptance of a place you will be asked to provide more details and it may be necessary to disclose this information to Matron/staff in certain circumstances.  |   |  |  |  |  |
| Section G Consent & Agreement Section: to be signed  | d by Parents/Guardian of child.         |  |  |  |  |
| 1) I/we declare that all the information provided in the application form is true, correct and complete at the time of applying.   |   |  |  |  |  |
| 2) I/we understand that if information is found to be falsified, the school reserves the right to withdraw any offer of a place, even after a child has commenced the school.  |   |  |  |  |  |
| 3) I/we hereby apply for admission of the above pupil to Sligo Grammar School. If he/she is admitted I/we agree:   |   |  |  |  |  |
| a. To be bound by the School Code of Behaviour, Uniform Rules, School Regulations and Policies   |   |  |  |  |  |
| (available on the School website at http://www.sligogrammarschool.org/downloads/policies/)   |   |  |  |  |  |
| b. To be personally responsible for all school fees and extras.  |   |  |  |  |  |
| 4) I/we give permission for a representative of Sligo Grammar School to contact my child's previous School(s) to access my child's academic, attendance, behavioural records and relevant professional reports as required.            |   |  |  |  |  |
| Return completed Application Forms by email ( <u>admin@sligogrammarschool.org</u> ) or by post (Sligo<br>Grammar School, The Mall, Sligo) Before 4pm October 30 <sup>th</sup> 2024.  |   |  |  |  |  |
| Signed   | Signed                                  |  |  |  |  |
| Print Name   | Print Name                              |  |  |  |  |
| Relationship to  | Relationship to                         |  |  |  |  |
| Applicant  | Applicant                               |  |  |  |  |
| Date   | Date                                    |  |  |  |  |
| I / We attach/enclose a copy of the applicant's Birth Certificate  | e. Yes / No                             |  |  |  |  |
| For Your Information   |   |  |  |  |  |
| Application and Decision Dates for admission to Sligo Grammar School   |   |  |  |  |  |
| The school will commence accepting applications for admission on October 16 <sup>th</sup> 2024   |   |  |  |  |  |
| The school shall cease accepting applications for admissi  |   |  |  |  |  |
|  |   |  |  |  |  |

The date by which the first round of offers will be issued will be November 10<sup>th</sup> 2024 In the event that the school is oversubscribed, the school will, when deciding on applications for admission, apply the selection criteria set out in our Admissions Policy. Our Admissions policy can be found on our website under downloads.

The period within which applicants must confirm acceptance of an offer of admission is within two weeks from the date of the offer. Failure to accept an offer by the specified date may result in the offer being withdrawn.

**Please Note:** Once a student has been offered a place by the school, a non-refundable deposit will be required and the Acceptance Form to secure that place. ( $\in$ 300 day /  $\in$ 1,000 boarding). This can be done through a cash/cheque/card payment or a bank transfer (making sure to include the students name as the reference).

## Sligo Grammar School

A CONTRACTOR

Telephone: 071 9145010 Email: admin@sligogrammarschool.org

## **Confirmation of Protestant Church Affiliation**

In its Admission Policy, Sligo Grammar School gives priority to applications from Church of Ireland and those of other Protestant denominations including inter-church families as recognised by the Secondary Education Committee.

Applications for pupils who are affiliated with a Protestant Church (or from a parent who is Protestant) are required to have such affiliation certified to the School by a relevant Church Minister to secure priority consideration under the Sligo Grammar School Admissions policy.

(to be completed if applying under selection criteria 1 or 2 of our Admissions Policy Criteria)

| Name of Minister/Rector:  |  |
|---|--|
| Certify that:   | (name of child or parent)  |
| Is a member of:   | (name of Church or Congregation)   |
| Address of Church:  |  |
| I give my consent for the Grammar S   | School to contact me on(mobile)  |
| Signature of Minister:  | Date:  |
| Please note that the school may contact   | the person named to confirm the application details.   |
| Yours truly<br>Trunse Have  |  |
| Michael Hall<br>Headmaster  |  |
| Selection Criteria  |  |
| 1. Children of practicing members of th<br>mainstream Protestant or Reformed trac | e Church of Ireland, followed by children of practicing members of other litions of Christianity.  |
|   | ere one parent is a practising member of the Church of Ireland, followed by<br>one parent is a practising member of another mainstream Protestant or |