



Monaghan Collegiate School

Application Form

1st Year

2024/25

Corlatt, Monaghan, County Monaghan.

Telephone 00353 47 82060

Email: mcsadministrator@monaghancollegiateschool.ie

Section 1: Student Information

Forenames															
Surname															
Name to be known as															
Student address															
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
	DD	MM	YY												
PPS No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Nationality															
Country of Birth															
Religious Denomination															
Medical Conditions															

Section 2: Family Information

Father's Forename	<input type="text"/>	Mother's Forename	<input type="text"/>
Father's Surname	<input type="text"/>	Mother's Surname	<input type="text"/>
Father's Address	<input type="text"/>	Mother's Address	<input type="text"/>
Mobile Number	<input type="text"/>	Mobile Number	<input type="text"/>
Work Number	<input type="text"/>	Work Number	<input type="text"/>
Email address	<input type="text"/>	Email address	<input type="text"/>
		Mother's Maiden Name	<input type="text"/>

Does the applicant have any siblings who have attended or are attending Monaghan Collegiate?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of sibling 1		Current class e.g 2 M	<input type="text"/>
		Date started MCS	<input type="text"/>
		Date Finished MCS	DD MM YY <input type="text"/>
			DD MM YY <input type="text"/>
Name of sibling 2		Current class e.g 2 M	<input type="text"/>
		Date started MCS	<input type="text"/>
		Date Finished MCS	DD MM YY <input type="text"/>
			DD MM YY <input type="text"/>
Name of sibling 3		Current class e.g 2 M	<input type="text"/>
		Date started MCS	<input type="text"/>
		Date Finished MCS	DD MM YY <input type="text"/>
			DD MM YY <input type="text"/>
Did either Parent/Guardian attended Monaghan Collegiate?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Parent/Guardian		Date started MCS	<input type="text"/>
		Date Finished MCS	DD MM YY <input type="text"/>
			DD MM YY <input type="text"/>
			DD MM YY <input type="text"/>
Did any Grandparent attended Monaghan Collegiate?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Grandparent who attended 1		Date started MCS	<input type="text"/>
		Date Finished MCS	DD MM YY <input type="text"/>
			DD MM YY <input type="text"/>
			DD MM YY <input type="text"/>
Name of Grandparent who attended 2		Date started MCS	<input type="text"/>
		Date Finished MCS	DD MM YY <input type="text"/>
			DD MM YY <input type="text"/>
			DD MM YY <input type="text"/>

Section 3: Educational Information

Name of current School		Address of current School	
Name of previous primary school(s) if applicable			
Any Special Educational Needs (Please include any documentation with application)			

Section 4: Consent & Agreement: Must be signed by Parents/Guardians of the student

Please note: Personal data which the Department asks post-primary schools to furnish via the 'Annual Post Primary October return/examination entries' process requires your written consent for your child's school to record this information and for the school to forward this information to the Department for purposes outlined in circular 0047/2010, a copy of which is available at www.education.ie.

1. I consent for Personal Data for the School's October Return to be returned to the Department of Education & Skills.
2. I give permission for a representative of the School to contact my child's present school to access their academic records and relevant professional reports as required.

All data is treated in accordance with The eight rules of Data Protection, based on the Data Protection Acts

1. Obtain and process information fairly
 2. Keep it only for one or more specified, explicit and lawful purposes
 3. Use and disclose it only in ways compatible with these purposes
 4. Keep it safe and secure
 5. Keep it accurate, complete and up-to-date
 6. Ensure that it is adequate, relevant and not excessive
 7. Retain it for no longer than is necessary for the purpose or purposes
 8. Give a copy of his/her personal data to that individual on request
3. I/we hereby apply for the admission of the above pupil to Monaghan Collegiate School. If he/she is admitted I/we agree:
 - a. To be bound by the School rules, regulations & policies.
 - b. To be personally responsible for all school fees and extras as invoiced.
 - c. To ensure that our child fully respects the ethos of the school.
 - d. To our child's photograph being taken in school, used in school records and for necessitous school publicity.

- **If any biographical details should change in the course of the year please inform the school of the change.**
- **On offer of a place, a deposit of €100 must be paid to hold the place.**

Signed		Signed	
Print Name		Print Name	
Relationship to Applicant		Relationship to Applicant	
Date		Date	

Application must be returned with the following:

1. Birth Certificate – Original document will be returned (English translation if applicable)
2. Two passport photos – with the students name on the back of the photo

Transport:

School Transport is available for pupils living in excess of 4.8 km from the School. There is a fee payable to Bus Eireann for this service. Please contact Bus Eireann for information.

For Office Use Only

Date application received		Date Birth Cert received		Date Photographs received	
Total Due		Date Deposit received		Amount Deposit Paid	
Place offered		Date Balance received		Amount Balance Received	
Date Ed/Psych reports received (if applicable)			Signed		