

Ramsgrange, New Ross, Co. Wexford

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**Application to Repeat 6th Year**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of completion of Leaving Cert in this/other school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| **Name of other school if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
|  | | |  | |  | | | | |  | |  |
| Student’s Name | |  | | | |  | | | | * Male | | * Female |
|  | | *Surname* | | | | *First Name* | | | |  | |  |
|  | |  | | | |  | | | |  | | |
| Date of Birth: | |  | | | | PPS Number: | | | |  | | |
|  | |  | | | |  | | | |  | | |
| Nationality: | |  | | | | Religion (if any): | | | |  | | |
|  | |  | | | |  | | | |  | | |
| Address: | |  | | | | Mother’s Maiden Name: | | | |  | | |
|  | |  | | | |  | | | |  | | |
|  | |  | | | | Medical card number & expiry date (if any): | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | | |  | | |
| Mother’s Name: | |  | | | | Occupation: | | | |  | | |
|  | | |  | |  | | | | |  | | |
| Address: | |  | | | | | | | | | | |
| *(if different to above)* | | |  | |  | | | | |  | | |
| Mother’s phone: | | Landline | |  | Mobile | | |  | | Work |  | |
|  | | |  | | | | | | |  | | |
| Mother’s email: | |  | | | | | | | | | | |
|  | | |  | |  | | | | |  | | |
| Father’s name: | |  | | | Occupation: | | | | |  | | |
|  | | |  | | | | | | | | | |
| Address: | |  | | | | | | | | | | |
| *(if different to above)* | | |  | |  | | | | |  | | |
| Father’s phone: | | Landline | |  | Mobile | | |  | | Work |  | |
|  | | |  | |  | | | | |  | | |
| Father’s email: | |  | | | | | | | | | | |
|  | | |  | |  | | | | |  | | |
| Parent/Guardian correspondence title: | | | | |  | | | | | | | |
|  | | |  | |  | | | | |  | | |
| Does any legal order exist under Family Law of which the school should be made aware? | | | | | | | | | | * Yes | | * No |
|  | | |  | |  | | | | |  | | |
| If parents are not together at the same address do you wish to have correspondence from the college sent to both addresses given above? | | | | | | | | | | * Yes | | * No |
|  | | | | | | | | | |  | |  |
| Has this student an Educational Psychological Report? | | | | | | | | | | * Yes | | * No |
|  | | | | | | | | | | *(if yes, please attach a copy)* | | |
| Has this student ever received NCSE resource hours? | | | | | | | | | | * Yes | | * No |
| If yes, how many? | | | | | | | | | |  | |  |
| Does this student have any health problems or disability? | | | | | | | | | | * Yes | | * No |
|  | | | | | | | | | | *(if yes, please give details below)* | | |
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| Is this student exempt from the study of Irish? | | | | | | | | | | * Yes | | * No |
| If yes, please state reason & attach proof of exemption: | | | | | | | | | | | | |
|  | | |  | |  | | | | |  | | |
| Name of Previous school(s) attended | | | | |  | | | | | | | |
| Address of school attended | | | | |  | | | | | | | |
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|  | | | | |  | | | | | | | |
| School roll No: | | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| How many days absent were you in the last academic year?\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Please list reasons for absences (please attach copy of medical certs/documentation): | | | | | | | | | | | | |
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| *Reason for repeating LC?* | | | | | | | | | | | | |
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| Please tick the following to indicate your agreement: | | | | | | | | | | | | |
| * I understand that if my son/daughter is offered a place at Ramsgrange that they will be subject to the Code of Behaviour and all other policies and procedures of that school. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| * Ramsgrange may take photographs or video recordings of students for school records, as part of coursework, during extra-curricular activities and other school events. Photos of my child may be displayed in the college and may be used for publicity including on the school website, [www.ramsgrangecommunityschool.ie](http://www.ramsgrangecommunityschool.ie). | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Signed: |  | | | | | | Signed: | |  | | | |
|  | *Parent/Guardian* | | | | | |  | | *Parent/Guardian* | | | |
| Date: |  | | | | | | Date: | |  | | | |
| **Please note:** | | | | | | | | | | | | |
| * **All applications must be accompanied by a birth certificate (if not currently attending RCS)** | | | | | | | | | | | | |
| * **The PPS number of the applicant must be included on the application form. This is available from his/her current school or from your local social welfare office.** * **Application does not guarantee a place** * **Places are granted based on attendance records, behaviour records, department guidelines (Circular M2/95), availability of space and subject options** * **The school retains the right to refuse entry based on any/all of the above criteria.** * **Pupils who have sat the Leaving Certificate examination may be enrolled as recognised pupils to repeat the final year of the Leaving Certificate course subject to the payment of a Repeat Course Fee of €126.97 per pupil, to be remitted to the Department through the school authorities. Waiver if a medical card holder on or before 1st February of school year.** * **Pupils whose parents or guardians are the holders of a current Medical Card on or before 1st February of the school year will be exempted from the payment of this fee on production of the Medical Card for noting by the school authorities.** * **In addition, an examination entry fee of €236 will apply instead of the ordinary entry fee to candidates for the Leaving Certificate examination who have sat the Leaving Certificate examination before.** * **Candidates who hold a medical card or are dependent on a parent or guardian who holds a medical card on or before 1st February of school year are not liable for Examination fees.** * **The provisions in paragraph 4 and 5 above, will apply also to non-school candidates** **who have sat the Leaving Certificate examination before. Where such a candidate is the holder of a current Medical Card, or is dependent on a parent or guardian who is the holder of a current Medical Card, only the ordinary fee payable by first-time candidates will apply.** * **Adult candidates who have done only one or two subjects at a previous examination will not be regarded as repeat candidates for this purpose.** * **The school will only inform candidates after the publication of Leaving Certificate results if their application has been successful.** | | | | | | | | | | | | |