BOARDING APPLICATION FORM

FOR ADMISSION TO THE ROYAL SCHOOL DUNGANNON

Completed applications should be forwarded to: swinslow107@c2ken.net and/or rlucas367@c2ken.net

Date_____ 20 ___

I/We wish to apply to the boarding place for my/our child/ward

_____(MALE/FEMALE)*
(Give the FULL name in BLOCK LETTERS of the child, underlining the forename ordinarily used.)

Date of Birth _____

As a Boarder in _____ (month) _____ (year) to YEAR: 8, 9, 10, 11, or 13(delete as necessary)
For a period of _____
(one term, two terms, year/s) (please indicate which term specifically)

Personal Information (pupil):

Address Line
_____

Address Line 2
_____

Town _____

County _____ Post Code _____

Country
_____

Telephone (including code) _____

E-mail Address for all School Correspondence to be sent to:-

_____
(N.B. Parent/Guardian' s E Mail address NOT pupil's)

HE/SHE POSSESSES A BRITISH PASSPORT YES / NO

HE/SHE POSSESSES AN EU PASSPORT YES / NO

HE/SHE POSSESSES A _____ PASSPORT

PASSPORT EXPIRY DATE:_____ PASSPORT NO: _____

Disability / Medical Condition / Special Educational Need:

If your child has any disability or medical condition which might affect their studies and for which special arrangements may have to be made, please provide details below. Please include any information on any health, dietary, psychological, and special educational needs. Otherwise please sign the Disclaimer below to confirm that the child has no known, medical conditions.

(This information is important for a clear and consistent plan of care for your child).

_____

_____

_____

Medical Disclaimer

I confirm that the child named above has no known medical conditions and is not currently taking any medication.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Please provide any details of regular medications and dosage.

_____

_____

_____

*****(Please note that if your child is accepted into boarding a full vaccination history and medical report (in English) will be requested as part of the admissions process, as this is a stipulation when registering with a GP/Doctor here in NI)*****

Full Name of Father/Guardian*_____

Full Name of Mother/Guardian*_____

Checklist for completion of application; (application will only be considered when we receive the items listed below and not before)

. Completed application form.
. Two recent school reports (or one report and a letter of recommendation from Headteacher)
. Evidence of level of English (if applicable)
. Details on disability/medical/SEN (if applicable)

PARENTAL SIGNATURE(S)

SIGNED: _____
(PARENT)

SIGNED: _____ DATE: _____
(PARENT)