



CBS CHARLEVILLE SECONDARY SCHOOL

Application Form for Admission 2025 – 2026

(To be completed in full by Parents/Guardians, **BLOCK CAPITALS PLEASE**)

This is an application form for admission and does not constitute an offer of a place, implied or otherwise. Use of the word 'student' throughout this Application Form does not imply the person on whose behalf this application is being made is regarded as having been accepted as a student of CBS Charleville Secondary School.

Completed applications will be accepted from: 2nd October 2024

All Application Forms and accompanying documentation should be sent to:	For office use only																
Applications Section CBS Charleville Secondary School Baker's Road Charleville Co. Cork P56 RX94	Date received <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table> School Stamp:									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										

Please circle the Year Group the student is applying to enter:		
First Year	Third Year	Fifth Year
Second Year	Transition Year	Sixth Year
Special Class /ASD Class		

Please complete all sections of the following application using BLOCK CAPITALS	
SECTION 1 – PROSPECTIVE STUDENT DETAILS	
Details of the young person for whom this application is being made.	
First Name:	
Middle Name:	
Surname:	

Student Address:																			
Eircode: (must be entered)																			
PPSN:																			
Date of Birth:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td> </tr> </table>										D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y												
Ethnicity:																			

SECTION 2 – DETAILS OF PARENT / GUARDIAN		
This section is NOT required to be completed where the student is over 18, unless he wishes the school to communicate with parents/guardians about this application instead of directly with the student. The information is sought for the purposes of making contact about the application.		
	Parent / Guardian 1	Parent / Guardian 2
Mr. / Ms. / Ms/ etc.		
First Name:		
Surname:		
Address:		
Eircode:		
Telephone no:		
Email address:		
Relationship to student:		

SECTION 3 – STUDENT CODE OF BEHAVIOUR

Please note that the Code of Behaviour can be found at www.charlevillecbs.com or from the school office.

I _____ confirm that the Code of Behaviour for the school is acceptable to me as the student’s parent/guardian and I shall make all reasonable efforts to ensure it is followed if I/he secures a place in the school.

SECTION 4 – RULES ON MINIMUM AGE FOR ENTRY INTO SECONDARY SCHOOL

Under section X of the Department of Education and Skills’ Rules and Programme for Secondary Schools 2004/05, “A recognised pupil means a pupil who is not less than 12 years of age on the 1st day of January of the school year”. Also, section V requires a Principal to obtain a “certified extract from” the “public register of births”. Therefore, the school requires sight of the child’s long-form birth certificate in order to assess whether he meets the requirement.

Please tick the box to confirm that you enclose the child’s original long-form birth certificate and a photocopy of same with this Application Form:

I enclose the child’s original long-form birth certificate and a copy of same with this Application Form. (The original will be returned to you).

SECTION 5 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the student meets the admission requirements in accordance with the order of priority as set out in the Admission Policy for CBS Charleville.

A. If the student currently has any siblings in this school, please indicate their name and current year of study.

(i) Name:	
Year:	
(ii) Name:	
Year:	

B. If the student has previously had any brothers in this school, please indicate their names and year(s) of attendance.

(i) Name:	
Year(s):	
(ii) Name:	
Year(s):	

C. Please provide details of the primary school attended by the student.	
School name:	
School address:	

IMPORTANT INFORMATION:

- You are required to submit:
An original birth certificate (together with a copy), and
- All of the information that you provide in this application form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application may be rendered invalid.
- Please understand that it is your responsibility to inform the school of any change in contact information or circumstances relating to this application.
- Please sign below to demonstrate that you have read and understand this information.

Note: Should the student receive a place in CBS Charleville Secondary School, there is no guarantee that the student will be assigned his selected subject choice due to resource issues and/or restrictions on the numbers of students per class.

Signature of Parent / Legal Guardian 1	
Date	
Signature of Parent / Legal Guardian 2	
Date	
Student [where over 18]	
Date	