

## Application Form for Entry 2025/2026

## **CBS Roscommon Secondary School**

Abbeytown, Galway Road, Roscommon F42 V273

Website: www.cbsroscommon.ie Email: info@cbsroscommon.ie

Telephone: 090 - 6626496

## This is an application form for admission and does not constitute an offer of a place, implied or otherwise

- The deadline for accepting completed application forms is between October 24th & November 22<sup>nd</sup> 2024 by 4.00pm
- Applications received after 22<sup>nd</sup> November at 4.00pm will be treated as late applications please refer to our Admission Policy www.cbsroscommon.ie
- The information requested on this form is required. The legal basis for the questions contained in this form is specified in our Admissions Policy. All of the information that you provide on this application will be treated confidentially and in line with the school's Data Protection Policy available on www.cbsroscommon.ie

For office use- Date & time received / School Stamp:

Student's Personal Details

Surname:

## Please complete this form in BLOCK CAPITALS

Address:	
Eircode:	
Date of	Country of Birth:
Birth:	Nationality:
PPSN:	Gender:
1	
School curre	ntly attending
Name:	
Roll No.:	Telephone No.:
Address:	

First name:

Parent /Guardian Details (Please Print)												
PARENT/GUARDIAN 1		PARENT/GUARDIAN 2										
Ms/Mrs/Mr		Ms/Mrs/Mr										
First Name:		First Name:										
Surname:		Surname:										
Address:		Address:										
(If different to above)		(If different to above)										
Eircode:		Eircode:										
Tel(Home):		Tel(Home):										
Mobile No.:		Mobile No.:										
Prior links to CBS Roscommon Secondary School (if any)												
	Nan	ne/s	Years attended									
Has the applicant any brother(s) currently in CBS Roscommon?												
Has the applicant any brother(s) a past pupil of CBS Roscommon?												
Is the applicant's Father a past pupil of CBS Roscommon?	Father's Name:											
	Prospective	e Student's Gende	er									
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Please confirm the prospective stueligibility in line with the school's		gender identity to	r the purpose of determining									
Male			Female									

Please note: The school will communicate with parents predominantly be email, so please ensure that you have supplied a working email address that is checked daily

Em	ail 1	Add	lress	: (for	sch	ool c	orre	spo	ndei	nce).	. Ple	ease	use	blo	ock (	Сар	ita	ls									
Primary contact (Parent/Guardian 1):											(Name)																
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