



ASHFIELD
COLLEGE
DUNDRUM



APPLICATION FORM

Applicant's Name

Male Female

Proposed Year of Entry

Proposed Class Year

SECTION A: APPLICANT PROFILE

| | | | |
|------------|--|---|----------------------|
| Surname | <input type="text"/> | Date of Birth | <input type="text"/> |
| First Name | <input type="text"/> | Age | <input type="text"/> |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <div style="border: 1px solid #ccc; padding: 20px; text-align: center;">Please Attach Recent Photo here</div> | |
| Phone (H) | <input type="text"/> | | |
| Mobile | <input type="text"/> | | |
| Email | <input type="text"/> | | |

SECTION B: FAMILY PROFILE

Father's Details

| | |
|---------------|----------------------|
| Father's Name | <input type="text"/> |
| Mobile Phone | <input type="text"/> |
| Email | <input type="text"/> |

Mother's Details

| | |
|---------------|----------------------|
| Mother's Name | <input type="text"/> |
| Mobile Phone | <input type="text"/> |
| Email | <input type="text"/> |

SECTION C: MEDICAL PROFILE

Does student suffer from any health problems that the school should be made aware of?

No Yes

Does student student suffer from any allergies?

No Yes

Please indicate if there are any other issues which the school should be aware of:

SECTION D: EDUCATION PROFILE

Secondary School attended

Programme of choice in Ashfield: 5th Year 6th Year Repeat 6th Year

Points achieved in Leaving Certificate (repeat students only)

Has student been diagnosed with a specific learning difficulty? No Yes

If Yes, please indicate learning difficulty

Have student received any exemptions/accommodations at State Examinations to date?

No Yes

If Yes, please indicate accommodation obtained

[Copies of relevant reports are required by the State Examinations Commission for any Accommodations in public examinations.]

SECTION E: ENTRY REQUIREMENTS

Applicants should include the following, when submitting this application form:

- Two passport photographs
- Reference from previous school or recent school report
- Leaving Cert Results (for Repeat Students only)
- Personal reference

SECTION F: SUBJECT CHOICE

**Please choose up to 8 subjects from the following list.
Indicate the level by placing H or O in the relevant box.**

| SUBJECT | H/O | SUBJECT | H/O |
|--|--------------------------|----------------|--------------------------|
| Accounting | <input type="checkbox"/> | French | <input type="checkbox"/> |
| Agricultural Science | <input type="checkbox"/> | German | <input type="checkbox"/> |
| Arabic | <input type="checkbox"/> | Geography | <input type="checkbox"/> |
| Art | <input type="checkbox"/> | History | <input type="checkbox"/> |
| Applied Mathematics | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| Biology | <input type="checkbox"/> | Home Economics | <input type="checkbox"/> |
| Business Studies | <input type="checkbox"/> | Italian* | <input type="checkbox"/> |
| Chemistry | <input type="checkbox"/> | Mathematics | <input type="checkbox"/> |
| Classical Studies | <input type="checkbox"/> | Music | <input type="checkbox"/> |
| DCG <small>Design & Communication Graphics</small> | <input type="checkbox"/> | Physics | <input type="checkbox"/> |
| Economics | <input type="checkbox"/> | Religion | <input type="checkbox"/> |
| English | <input type="checkbox"/> | Spanish | <input type="checkbox"/> |

*subject to demand

SECTION G: FORM SUBMISSION

Please send the form to:

Ashfield College Admissions
Sandyford Road, Dundrum
Dublin 16, Ireland.

T: +353 (0)1 490 4050
E: info@ashfieldcollege.ie
W: www.ashfieldcollege.ie