

Application for Enrolment



Holmpatrick NS
Convent Lane
Skerries
Co Dublin

School Use Only

Application No.

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Offer No

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Received

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Place Offered Yes / No

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Place Accepted Yes / No

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Criteria

RA	SR	P	A

This application form must be completed by the parent/guardian of any child entering primary school for the first time or transferring from one school to another. The information given on the form will be used for selection purposes by schools that are over-subscribed. Please make sure that you include all the information which you wish to be considered and that it is accurate. Before completing this form you are advised to read carefully the enrolment Booklet and Code of Conduct for the school

Section 1 The Child

Given Name(s) _____ *i.e Sarah Jane*

Family name _____ *i.e Smith*

Date of Birth _____ *e.g23 Dec 1999*

Place of Birth _____ *Dublin ,Ireland*

PPS no

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Home Address

Section 2 Class Preference

Please tick the Class group you wish the child to enter

Junior Infants

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Senior Infants

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1st Class

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2nd Class

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3rd Class

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4th Class

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5th Class

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6th Class

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Section 3a Religious Affiliation of the Child	
Religion	_____ <i>i.e Christian</i>
Denomination	_____ <i>i.e Anglican</i>
Church attended	_____ <i>i.e St George's Balbriggan</i>

Section 3b Religious Affiliation of Child's Mother	
Religion	_____ <i>i.e Christian</i>
Denomination	_____ <i>i.e Roman Catholic</i>
Church attended	_____ <i>i.e St Peter & Paul's</i>

Section 3c Religious Affiliation of Child's Father	
Religion	_____ <i>i.e Christian</i>
Denomination	_____ <i>i.e Anglican</i>
Church attended	_____ <i>i.e St George's Balbriggan</i>

Section 4 Relationship to the School	
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Is either parent/Guardian a permanent member of the school staff or a member of the board of Management	Yes / No
If Yes, Please give Details	
Name _____	
Position _____	

Does the child have any brothers / sisters currently in this school	Yes / No
If Yes Please Give the Full Name and Class of the Oldest Brother/Sister	
Name _____	_____
Class _____	

Does the Child have any brothers/Sisters who are Past Pupils of the School	Yes / No
If Yes, Please give Details	
Name _____	
Date of Leaving _____	

Is either parent/Guardian Past Pupil of the School	Yes / No
If Yes, Please give Details	
Name _____	
Date of Leaving _____	

Section 4 Relationship to the School

If you are seeking to enroll more than one Child at this time Yes / No
 Please give details names of the other children Below

Name	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>

Does the Child have any Younger brothers/Sisters who are under Four years old? Yes / No

If Yes, Please give Details

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Name	<input type="text"/>	Date of Birth	<input type="text"/>
Name	<input type="text"/>	Date of Birth	<input type="text"/>

Does the child have any brothers/sisters who are currently attending another Primary School in the Catchment Area Yes / No

If Yes, Please give Details

Name	<input type="text"/>	
School	<input type="text"/>	Class <input type="text"/>
Name	<input type="text"/>	
School	<input type="text"/>	Class <input type="text"/>

Does the Child have any brothers/Sisters who are Past Pupils of another Primary School in the Catchment area Yes / No

If Yes, Please give Details

Name	<input type="text"/>	
	School <input type="text"/>	
Name	<input type="text"/>	
	School <input type="text"/>	

Section 5 Education History

Is the above Child currently enrolled in a playgroup, nursery school or national / primary school Yes / No

Please list ALL previous Educational establishments attended

		Name and address of School(s)	School Type	From	To	Reason for Leaving
School Name Address						
School Name Address						
School Name Address						

Section 6 Previous Addresses

Please list the previous addresses of the student while attending other schools

		From	To
Address			
Address			
Address			

Section 7

Parental Information

Section 7a Mother / Female Guardian

Given Name(s) _____ *i.e Sarah Jane*Family Name _____ *i.e Smith*Date of Birth _____ *e.g23 Dec 1975*Place of Birth _____ *London ,United Kingdom*Home Address _____

Home Phone _____

Mobile Phone _____

Section 7b Father / A Guardian

Given Name(s) _____ *i.e Tom Francis*Family Name _____ *i.e Dolan*Date of Birth _____ *e.g23 Dec 1972*Place of Birth _____ *Tralee ,Ireland*Home Address _____

Home Phone _____

Mobile Phone _____

Section 10

Declaration

We hereby certify that

The details which we have given are correct

The address given is the child's home address.

We have read and understand the code of conduct of the school

We acknowledge and accept the ethos of the school as a Church of Ireland National School

Signed _____

Parent _____ Date _____

Parent _____ Date _____