

ST. MICHAEL'S N.S.



APPLICATION FOR ENROLMENT FORM

EMAIL: office@stmichaelsps.ie 19662E TEL. NO: 01-626355

Date of Application: Please state what class your child is applying for (Jr. Inf., Sr. Inf., 1st etc.) This is an application form for Admission and does not constitute an offer of a place, implied or otherwise Child's surname Child's **First Name** Child's Date Male **Female** of Birth Child's Birth Certificate attached Tick here PPSN (Required to complete application) **Nationality** Religion **ADDRESS** (Primary Residence) **Please provide a copy of proof of address - a current household bill) **First Name Phone Number** Parent/ Guardian (Mobile) **Details Last Name Phone Number** (Home) Relationship to child (i.e. Phone Number (Work) Mother/Father/ Guardian) **Email Address** Parent/ **Phone Number First Name** Guardian (Mobile) **Details Last Name Phone Number** (Home) **Phone Number** Relationship to child (i.e. Mother/Father/ Guardian) (Work) **Email Address** NAME, ADDRESS & PHONE NUMBER OF PREVIOUS SCHOOL OR PRESCHOOL **Brothers/Sisters Name(s)** School attending Age

ADDITIONAL INFORMATION					
Languages (s) spoken at home (If not English):					
To which ethnic background group does your child belong (please tick one)?	White Irish	Irish Traveller	Roma	Any other white background	Black African
	Chinese	Any other black background	Any other Asian background	Other	No consent
Data Protection. The information provided in this form is necessary for the work of the school. It will be retained and used in accordance with Data Protection legislation. We share your personal data from the enrolment forms with third Parties including government bodies. This includes the Department of Education & Skills, NCSE, Tusla, An Garda Síochána, HSE etc. From time to time the school is asked to provide information to the HSE to facilitate their work such as immunisations, sight and hearing tests, dental appointments etc. For further information on what data we collect, why we collect it, how we use it and the legal basis for same please see our Data Protection Policy available on this website or in our school office.					
Please sign below to signal your agreement that this is understood and agreed to. Signed: Dated:					
Please note: Some of the information on this form will be shared with the Dept. of Education & Skills for its Pupil Online Database (POD). Please tick to state you have noted this. I have noted this Yes (Please tick)					
Does any legal order under Family Law exist that the school should know about? The school should be made aware of any court order, which affects the child's welfare, and also details of any person into whose custody the child should not be given. If yes, please give details below and attach a copy of legal order					
Other useful Information —Special Needs, health issues, allergies, special diet, speech and language etc. Please include any medical/psychological/speech and language reports					
I accept the school's Admissions Policy (Available on the school's website and from the school office) Yes No I accept the school's Code of Behaviour – (Available on the school's website and from the school office) Yes No					
Signature of Parent/ Guardian Signature of Parent/Guardian Date:					
Please attach a copy of your child's birth certificate and a copy of a proof of address (current household bill) to complete the application.					
For office Use C		received:	Received I	oy whom:	