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 First Name			Child's surname		
Child's Date of Birth			Male		Female
Child's PPSN			Birth Certificate attached (*Required to complete application*)		Tick here
Nationality			Religion		
ADDRESS (Primary Residence)	**Please provide a copy of proof of address - a current household bill)				
Parent/ Guardian Details	First Name		Phone Number (Mobile)		
	Last Name		Phone Number (Home)		
	Relationship to child (i.e. Mother/Father/ Guardian)		Phone Number (Work)		
	Email Address				
Parent/ Guardian Details	First Name		Phone Number (Mobile)		
	Last Name		Phone Number (Home)		
	Relationship to child (i.e. Mother/Father/ Guardian)		Phone Number (Work)		
	Email Address				

NAME , ADDRESS & PHONE NUMBER OF PREVIOUS SCHOOL OR PRESCHOOL

_____

_____

_____

_____

_____

Brothers/Sisters Name(s)	Age	School attending

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: _____

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 Only	**Date received:**	**Received by whom:**