



STAR OF THE SEA B.N.S.

Leahy's Terrace, Sandymount, D04XW14

Tel: (01) 6686394 Email: office@starofthesea.ie www.starofthesea.ie

ENROLMENT APPLICATION FORM FOR SEPTEMBER 2020

Application forms must be received by the school on or before January 10th 2020

Child's Name (as on Birth Certificate)PPSN.....

Date of Birth Nationality of child Religion.....

Note: religion is not an admissions criterion and is for information purposes only

Date of child's arrival in Ireland (if applicable).....

Language spoken at home (e.g. Irish/English).....

Home Address (*please print*)

Email address (*please print*)

Specify previous school i.e. (Childcare Setting/Pre-Primary Education/Early Start Programme/From Home)

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Father's Name Nationality..... Phone No.....

Mother's Name Nationality..... Phone No.....

Child's Position in family..... Names of Brother/s.....

MEDICAL HISTORY

Vaccinations & Immunisations

Fears & Anxieties Allergies

If relevant, please outline below any other concerns/relevant sources of information relating to your son e.g. Medical reports/Speech & Language reports/Educational Assessments/Specialist reports, etc.

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At times it will be necessary to forward your son's details to the HSE for purposes of inoculation, hearing tests, dentist referral, etc.	To consent please sign here:
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Custody Issues: In the case of a custody dispute who has **legal** rights to collect your child from school?

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PARENTAL / GUARDIAN CONSENT

Our Enrolment Policy is on our website – www.starofthesea.ie. A copy of this is also available from the secretary's office on request. The school Code of Behaviour and Anti Bullying Policy may also be viewed on the school website. **Please read the following carefully and then tick the boxes to indicate consent.**

I/We, the parent(s)/guardian(s) of the above named child confirm that:	
I/We have read and understood the school Enrolment Policy and accept that places will be allocated in accordance with it.	<input type="checkbox"/>
I/We include with this application a copy of my/our child's Birth Certificate/Adoption Certificate.	<input type="checkbox"/>
I/We understand that it is my/our responsibility to ensure that the school receives a completed application form and a copy of Birth Certificate before the closing date for applications, and that in the event of a dispute, <u>only</u> a letter of acknowledgement from the school will be accepted as proof of having applied.	<input type="checkbox"/>
I/We accept that the school will keep information provided on file, and where necessary, will share information we hold concerning my/our son with the Department of Education and Skills.	<input type="checkbox"/>
I/We give permission for the school to contact me/us by phone, email or post.	<input type="checkbox"/>
I/We confirm that the school's Code of Behaviour has been made accessible to me/us, that I/we have fully read the Code and understand its contents, that it is acceptable to me/us and that I/we shall make all reasonable efforts to ensure compliance with the Code by my/our son.	<input type="checkbox"/>

Parent / Guardian signature.....Date.....

Parent / Guardian signature.....Date.....

INCOMPLETE APPLICATIONS WILL NOT RECEIVE A LETTER OF ACKNOWLEDGEMENT FROM THE SCHOOL AND CANNOT BE PROCESSED