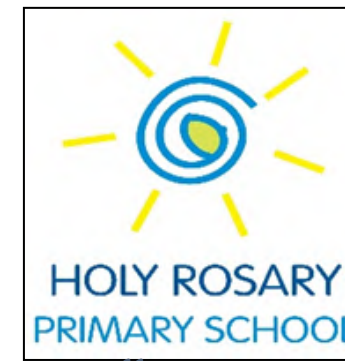
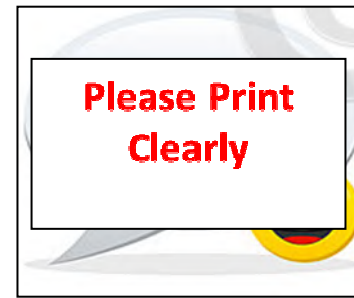


'Mol an Óige agus tiocfaidh sí'
Praise the young and they will blossom

Tel: 4521369 **Fax:** 4137601
Email: holyrosaryps1@gmail.com
Web: www.holyrosaryps.com

Príomh Oide: Dolores Kelly



**HOLY ROSARY
PRIMARY SCHOOL**

*Old Court Avenue,
Firhouse
Dublin 24*

*Mission Statement "Recognising and embracing the diversity within the community
we are committed to developing the individual pupil in a secure and challenging learning environment."*

CHILD'S INFORMATION

First Name: _____ **Surname:** _____

P.P.S: _____

Address _____

Date of Birth: _____

Religion: _____

Boy **Girl**

Nationality: _____

Relevant Health/Medical Information;

Mothers Maiden Name: _____

What is the language spoken at home? _____

Have you children already attending this school? Yes No

Have you younger children to enrol in the future? **Name:** _____ **DOB:** _____

Name: _____ **DOB:** _____

PARENTAL INFORMATION

Mothers Name: _____ Fathers Name: _____

Address: _____ Address: _____

(If different from above)

(If different from above)

Mobile No: _____ Mobile No: _____

Home No: _____ Home No: _____

Work No: _____ Work No: _____

Email: _____ Email: _____

Contact in Case of Emergency (in the event parent can't be contacted): _____

PRESENT SCHOOL

Present School: _____

School Address: _____

Present Class:

Reason for Transfer: _____

To which ethnic or cultural background group does your child belong?

Please tick one

(Categories are taken from the Census of Population)

White Irish

Irish Traveller

Roma

Any other White Background

Black African

Any other Black Background

Chinese

Any other Asian Background

Other (incl. mixed Background)

I do not consent to provide the above information

What is your child's religion?

Roman Catholic Church of Ireland (incl. Protestant) Presbyterian

Methodist, Wesleyan Jewish Muslim (Islamic)

Orthodox (Greek, Coptic, Russian) Apostolic or Pentecostal Hindu

Buddhist Jehovah's Witness Lutheran Atheist

Baptist Agnostic Other Religion

I do not consent to provide the above information

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____ Date: _____

Parent/Guardian/Student

For further information on POD please go to the Department of Education and Skills' website www.education.ie

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS FORM

Birth Cert	<input type="checkbox"/>	Please tick
Proof of current residence (e.g. recent ESB, Gas Bill)	<input type="checkbox"/>	documents
Baptismal Cert (if Roman Catholic)	<input type="checkbox"/>	supplied
Latest Report from current school	<input type="checkbox"/>	

DECLARATION

I WISH TO ENROL MY SON/DAUGHTER AS A PUPIL OF Holy Rosary Primary School. If my child is accepted for entry, I hereby undertake for myself and for him/her to observe the rules and regulations of the school as outlined in the Policies and Procedures Booklet which I have read.

Parent's/Guardian's Signatures _____ Date _____

ADMISSION POLICY (Junior Infants only)

Application forms for admission to the school are available from the **First Friday in October** of the year preceding the child's entry to school. These forms must be returned to the school **within 3 weeks** of that date. Any applications received after this date may not be processed. During this 3 week period an information evening will be held for prospective parents.

Application forms may be downloaded from the school website. The school office may also be contacted and an application form will be sent out by post.

Information about applications will be available on the school website, the Parish Newsletter, local Playgroups and School Newsletters.

All applications must be submitted in hard copy.

Applicants will be notified of a decision **3 weeks after the closing date for receipt of applications.**

PARENTAL CONSENT

Medical Emergencies

During the course of the school day children can have little accidents and cut or bump themselves. I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident. (We will always try to contact parents first.) Yes No

School Website/Publications

I give consent for the use of school related photographic images which include my son/daughter on the school website or in other school publications or displays. I understand that s/he will not be identified individually. Yes No

Activities Outside/After School

During the school year classes may undertake activities outside the school premises e.g. visiting the local library, park etc. I consent that my child may do so. Yes No

Competitions

I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers. Yes No

D.T. (Digital Technology)

I give consent for my child to use the computers in the school in line with the school's Acceptable Use Policy and for children to use EPortfolios to store their work such as Edmodo, Clasdojo and Seesaw.

Yes No

Parent's/Guardian's Signature: _____ Date: _____