PARENTAL CONSENT

I/We agree to support the staff in their efforts to provide a positive	
	learning experience for all children in the school.
I/we are aware that the data relating to this application will be remanagement system called Aladdin to administer information relation that in making this application I/we are consenting to its usage. Fur	ating to pupil data (e.g. contact details, attendance an
I/we are aware that the Stay Safe Programme is taught as part of o	ur SPHE curriculum.
I/we are aware that school policies including policies on Code of Ba on request from the office or from the school website www.holyros	
In signing this application for enrolment I/we agree to support the I of school policies.	Board of Management and staff in their implementatio
ne HSE request contact information from the school to arrange appoin o you give permission to the school to release your contact details?	tments for children e.g. dentist, hearing, vaccinations. Yes No
SE Appointments	
give consent for my child to use the computers in the school in line wit o use EPortfolios to store their work such as Edmodo, Classdojo and Sec	
.T. (Digital Technology)	
give consent to allow my child to enter school competitions and for the $$ ers.	eir name and date of birth to be shared with the organ- Yes No
ompetitions	
uring the school year classes may undertake activities outside the schoonsent that my child may do so.	ool premises e.g. visiting the local library, park etc. I Yes No
ctivities Outside/After School	
give consent for the use of school related photographic images which ither school publications or displays. I understand that s/he will not be	-
chool Website/Publications	
ill always try to contact parents first.)	Yes No
nild to receive any medical attention deemed necessary and to be take	
uring the course of the school day children can have little accidents an	d cut or bump themselves. I give permission for my

NB: Incomplete Applications will not be considered

Date:

Signed:

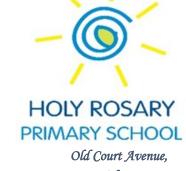
Father/Guardian

'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





Firhouse

Dublin 24 D24 HO22

APPLICATION FOR ENROLMENT TRANSFER

Our 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."

CHILI	D'S INFORMATION
First Name:	Surname:
P.P.S No:	Date of Birth:
Address	Religion:
	Nationality:
	Boy Girl
	 Eircode:
Relevant Health/Medical Information;	
Mothers Maiden Name:	
What is the language spoken at home	?
Have you children already attending th	nis school? Yes No
Have you younger children to Nai	me:DOB:
Nan	ne:DOB:

Office Use Only: Date completed Application for Enrolment received

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):		
Name:	Phone No:	
PRESENT SCHOOL		
Present School:		
School Address:		
Present Class:		
Reason for Transfer:		
Is your child in receipt of any of	the following services:	
 Special Education Teaching 	Support Yes No	
• English Language Support	Yes No	
• Special Needs Assistant Sup	pport Yes No	
If you have answered yes to any of the above please give details of support:		
Any other education needs the school should be aware of:		

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

Please tick one	ap acco your child belong.		
(Categories are taken from the Census of Population)			
(categories are taken from the census of ropulation)			
White Irish Irish Traveller	Any other White Background		
Black African Any other Black Background	Chinese		
Any other Asian Background Roma	Other (incl.mixed backbround)		
What is your child's re	eligion?		
Roman Catholic Church of Ireland Presbyte (incl protestant)	erian Methodist, Wesleyan		
Jewish Muslim (Islamic) Orthodox (G Coptic, Rus			
Hindu Buddhist Jehovah's Wit	tness Lutheran		
Atheist Baptist Agn	ostic Other Religon		
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	<u>:</u>		
Parent/Guardian/Student			
For further information on POD please go to the Department of Educ	ration and Skills' website www.education.ie		
THE FOLLOWING DOCUMENTS MUST A	ACCOMPANY THIS FORM		
Birth Cert	Please tick		
Proof of current residence (e.g. recent ESB, Gas Bill)	documents		
Baptismal Cert (if Roman Catholic)	supplied		
Latest Report from current school			