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| C:\Users\sean2\Documents\Sue Holly\Logo\Logo.jpg | **APPLICATION TO ENROL FOR SENIOR INFANTS – 6th CLASSST. PATRICK’S GIRLS’ SCHOOL, HOLLYPARK****Foxrock Avenue, Dublin 18****Telephone 01-2893293 - Email:** **hollyparkgns@gmail.com****Enrolment will be assessed in accordance with the Enrolment Policy** **in place at the time of application.** |
| SURNAME: | NAME: | PPS NO: | DATE OF BIRTH: |
| SURNAME IN IRISH:(if applicable) | RELIGION: | PARISH: | NATIONALITY: |
| HOME ADDRESS:  |
| EIRCODE: | HOME PHONE: |
| WHO DOES THIS CHILD RESIDE WITH? |
| MOTHER’S/GUARDIAN’S NAME: |  | FATHER’S/GUARDIAN’S NAME: |  |
| LEGAL GUARDIAN | Y / N | LEGAL GUARDIAN | Y / N |
| MOBILE NO: | MOBILE NO: |
| EMAIL: | EMAIL: |
| OCCUPATION: | OCCUPATION: |
| WORK ADDRESS: | WORK ADDRESS: |
| WORK PHONE NO: | WORK PHONE NO: |

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| SISTER IN HOLLYPARK GNS | NAME: | CLASS: | TEACHER: |
| BROTHER IN HOLLYPARK BNS | NAME: | CLASS: | TEACHER: |
| SISTER WHO IS A PAST PUPIL | NAME: | YEARS ATTENDED: |  |
| EITHER PARENT WHO IS A PAST PUPIL | NAME: | YEARS ATTENDED: |  |

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| Class applying for: |
| SI | 1st | 2nd | 3rd | 4th | 5th | 6th |
| PREVIOUS SCHOOL: |
| **Please include recent school reports with this application** |

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| MEDICAL HISTORY (e.g. asthma, allergies, any special needs etc) |
| OTHER RELEVANT INFORMATION |

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| **ALTERNATIVE CONTACT DETAILS** |
| In the case of **illness or accident or emergency school closure** parents/guardians will be contacted. If you are unavailable we will contact the persons listed below: |
| Name | Relationship to Child (must be over 16 years of age) | Address | Phone |
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| **School Policies**I/We agree on behalf of my/our child to sign up to the school’s policies (available to read on school website [www.hollyparkgns.ie](http://www.hollyparkgns.ie)) including but not limited to:* Code of Behaviour
* Mobile Phone and Related Devices Policy
* Anti-Bullying Policy
 |
| **Signature of parent/guardian:** | **Signature of parent/guardian:** |
| **Date:** | **Date:** |

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| It is the responsibility of the parents/guardians to ensure that all information is correct at the time of application. Please check all information is correct before submitting. |

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| **Signature of parent/guardian:** | **Signature of parent/guardian:** |
| **Date:** | **Date:** |

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| **For Office Use Only:**Date Application Form received: \_\_\_\_\_\_\_\_\_\_\_\_\_Recent School reports received: Yes No Upon offer of place **original** Birth/Adoption Certificate received: Yes No |

**Incomplete application forms will not be considered.**

**Please note the offer of a place does not guarantee that any siblings will be offered a place.**

**We will only retain personal information for as long as it is necessary to fulfil the purposes the**

**information was collected for, including any legal, accounting or reporting requirements. Please see the school website (**[**www.hollyparkgns.ie**](http://www.hollyparkgns.ie)**) for our Data Protection Privacy Statement for Parents, Guardians and Pupils**