## **Enrolment Application Form**

Pupil's First Name:	Surname:
Date of Birth:	
Birth Certificate attached?	Y 🗆 N 🗆
Child's PPS Number (for Dep	artment of Education and Skills database):
Address (at which the child r	resides)
Name and class of Sibling (s)	currently enrolled:
Parent(s) / Guardian (s) Det	ails:
Name:	
Address:	
Phone:	Email:
Name:	
Address:	
Phone:	Email:
Are both parents the child's	legal guardians? Y □ N □
If not please give relevant de	etails of custodial/guardianship arrangements:
	Other Relevant Information
Previous primary schools (if	any):
Reason for transfer:	
Report of the child's attenda	nce and academic progress attached? Y □ N □ N/A □
Children with Special Needs	
Details of Special Needs:	
Relevant medical and/or psy	rchological report attached? Y□N□N/A□
This application will no	ot be considered until such a time as all relevant information has been received.
Have you read and confirme	d acceptance of our Code of Behaviour? Y □ N □
Signed	Signed:
Date:	Date:

## Personal Data on this Form:

Scoil Naomh Mhuire NS is a data controller under the Data Protection Acts, 1988, 2003 and 2018. The personal data supplied on this Enrolment Application Form is required for the purposes of:

- student enrolment
- student registration
- determining a student's eligibility for additional learning supports
- examinations
- school administration
- child welfare (including medical welfare)
- the Department of Education and Skills' 'Primary Online Database'
- and to fulfil our other legal obligations.

School Contacting You
Please confirm if you are happy for us to contact you by SMS/text message and to call you on the telephone numbers provided and to send you emails for all the purposes of your child's enrolment application.

Use your email address Use your mobile phon	a agree with these uses ss to alert you to these issues? e number to send you SMS texts to alert you to e/landline number to call you to alert you to the	
Signed:	Parent/Guardian	Date:
Signed:	Parent/Guardian	Date: