PARENTAL CONSENT

Signed: D	Pate:
I/We agree to support the staff in their efforts to provide a positive learning ex	operience for all children in the school.
I/we are aware that the data relating to this application will be retained in t management system called Aladdin to administer information relating to pup that in making this application I/we are consenting to its usage. Further inform	pil data (e.g. contact details, attendance and
I/we are aware that the Stay Safe Programme is taught as part of our SPHE cu	rriculum.
I/we are aware that school policies including policies on Code of Bahaviour, And on request from the office or from the school website www.holyrosaryps.ie.	nti-Bullying, Child Protection etc are available
In signing this application for enrolment I/we agree to support the Board of M of school policies.	anagement and staff in their implementation
The HSE request contact information from the school to arrange appointments for Do you give permission to the school to release your contact details?	children e.g. dentist, hearing, vaccinations. Yes No
HSE Appointments	<u> </u>
I give consent for my child to use the computers in the school in line with the school to use EPortfolios to store their work such as Edmodo, Classdojo and Seesaw.	ol's Acceptable Use Policy and for children Yes No
D.T. (Digital Technology)	
I give consent to allow my child to enter school competitions and for their name ar isers.	nd date of birth to be shared with the organ-
Competitions	
During the school year classes may undertake activities outside the school premise consent that my child may do so.	s e.g. visiting the local library, park etc. I
Activities Outside/After School	
I give consent for the use of school related photographic images which include my other school publications or displays. I understand that s/he will not be identified in	
School Website/Publications	— Ш
During the course of the school day children can have little accidents and cut or bu child to receive any medical attention deemed necessary and to be taken to hospit will always try to contact parents first.)	

NB: Incomplete Applications will not be considered

Date:

Signed:

Father/Guardian

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

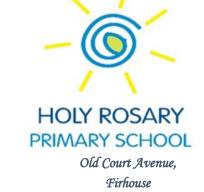
Tel: 4521369 Fax: 4137601

Email: holyrosaryps1@gmail.com

Web: www.holyrosaryps.com

Príomh Oide: Dolores Kelly





Dublin 24 D24 HO22

APPLICATION FOR ENROLMENT

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."

CHILD'S	INFORMATION
irst Name:	Surname:
P.P.S No:	Date of Birth:
	Religion: Nationality: Boy Girl
	Eircode:
Relevant Health/Medical Information;	
Mothers Maiden Name:	
What is the language spoken at home? _	
lave you children already attending this	school? Yes No
lave you younger children to Name enrol in the future?	:DOB:
Name:	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:		
PRESCHOOL			
Has your child attended preschool? Ye	s No		
If yes state name and address of preschool			
OTHER RELEVANT INFORMATION			
Has your child attended any of the following services:			
Speech and Language Therapy Y	es No		
Occupational Therapy Y	es No		
 Psychology 	es No		
 Hearing/Vision Services 	es No		
If you have answered yes to any of the ab	please give details:		

Professional Reports, if available, should accompany this Application

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

To triffer carries of carrottal back.				
Please tick one				
(Categories are taken from the Census of Population)				
White Irish Tra	veller Any other White Background			
Black African Any other Black Backgr	ound Chinese			
Any other Asian Background	Other (incl.mixed backbround)			
What is your child's religion?				
Roman Catholic Church of Ireland (incl protestant)	Presbyterian Methodist, Wesleyan			
	odox (Greek, Apostolic or Pentecostal otic, Russian)			
Hindu Buddhist Jehov	ah's Witness Lutheran			
Atheist Baptist	Agnostic 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:			
Parent/Guardian/Student				
For further information on POD please go to the Department of	of Education and Skills' website www.education.ie			
THE FOLLOWING DOCUMENTS MI	JST ACCOMPANY THIS FORM			
Birth Cert	Please tick			
Proof of current residence (e.g. recent ESB, Gas Bill)	documents			
Baptismal Cert (if Roman Catholic) supplied				
•	• •			