



# St. Fiachra's Senior School

Montrose Park, Beaumont, Dublin 5



## Application for Enrolment

All information contained in this form will be treated in the strictest confidence.

Today's date: ..... Proposed date of enrolment .....

Class for which application is being made: 3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

What primary school has your child attended previously? .....

Classes completed: .....

### Student Details:

Name of Child (as on Birth Certificate): .....

Gender: ..... PPS Number: ..... Date of Birth: .....

Nationality: ..... Country of Birth: ..... Religion: .....

Address (at which the child resides): .....

..... EIRCODE\*: .....

If not born in Ireland, date on which child arrived in Ireland: .....

### Medical Details:

Does your child have a *serious* medical condition? Yes  No   
(If yes, a supplementary information form will follow.)

Please indicate if your child has any *minor* medical conditions/allergies of which the school should be made aware: .....

### Parent Details:

Mother: Name: ..... Phone: ..... Email: .....

Father: Name: ..... Phone: ..... Email: .....

### Emergency Details: (if both parents are unavailable)

Emergency Contact 1: Name: ..... Phone: .....

Emergency Contact 2: Name: ..... Phone: .....

Name of brothers/sisters in the school: .....

Does any legal order under Family Law exist of which the school should be aware? Yes  No

If yes, please provide further information. ....

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## Special Educational needs:

Please state whether your child has any special Educational Needs of which the school should be made aware.

All pupils are welcome to enrol, irrespective of learning needs. Pupils with special educational needs are supported to participate to the greatest extent possible in all school activities.

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If so, has your child had a psychological, occupational, speech and language and/or other relevant assessment? Please give details and date of assessments. *A copy of relevant reports should be forwarded to the school in due course.*

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## Documentation:

Please include, where relevant, the following documents.

Birth certificate

Baptismal certificate

Utility Bill (Proof of Address)

## Declarations:

I certify that the above information is accurate at the time of application.

Signed: ..... Date: .....

If this application is successful and my child is enrolled in the school, I/we will abide by the school rules and routines and support the policies under which the school operates. *(See school website)*

Signed: ..... Date: .....

Please note that this is an application form only and is not a guarantee of admission to the school. Allocation of places is a function of the Board of Management of St. Fiachra's Senior School. Parents / Guardians will be notified of the decision of the board in due course.

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## For Office use

Child's School Registration number: .....

Date child started ..... /..... /.....

Date child left ..... /..... /.....