**St. Mary’s Senior School** ***Application Form***

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| 1. **Details of the Child** |
| First name: Surname:  Date of Birth: Gender: Male  Female  Nationality: Religion:  P.P.S. Number:  Previous school (s) attended:  **Ethnic or Cultural Background: (please tick)**  *White Irish  Irish Traveller  Roma  Any other White background*  *Black or Black Irish (African)  Black or Black Irish (Or any other Black background)*  *Asian or Asian Irish (Chinese)  Asian or Asian Irish (Or any other Asian background)*  *Other, including mixed race background* |

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| **2. Details of the Parent/Guardian** | | |
|  | **Mother/Legal Guardian** | **Father/Legal Guardian** |
| First Name: |  |  |
| Surname: |  |  |
| Address: |  |  |
| Eircode: |  |  |
| Telephone No: |  |  |
| Email address: |  |  |
| **Emergency Contacts** | | |
| Name: | 1. | 2. |
| Telephone No: |  |  |
| Relationship to child: |  |  |
| If there are any orders or other arrangements in place governing access to or custody of the child, please provide details/relevant documentation:  *No order/ arrangement in place  Order/arrangement in place*  *Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |

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| 1. **Medical Details** |
| Please list any medical conditions/allergies that your child has:      If your child requires medication in school, you must complete an ‘Administration Form’ available in the office. |
| Has your child ever been referred to and/or attended any of the following?  Speech & Language Therapy  Occupational Therapy  Physiotherapy  Counselling  Other (give details)    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If ‘YES’, a copy of the most recent reports should be given to the school. |

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| 1. **Special Class for MGLD** |
| **\*Please only complete if you wish to apply for a place for your child in the MGLD Class.\***  This special class in St. Mary’s SNS caters for children who have a diagnosis of a Mild General Learning Disability (MGLD). Please attach your child’s professional reports to support this application.  Pupil’s First name: Pupil’s Surname: |

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| 1. **Special Class for ASD** |
| **\*Please only complete if you wish to apply for a place for your child in the ASD Class.\***  This special class in St. Mary’s SNS caters for children who have a diagnosis of Autism Spectrum Disorder (ASD). Please attach your child’s professional reports to support this application.  Pupil’s First name: Pupil’s Surname: |

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| 1. **Parental Consent** |
| I hereby give permission for my child in relation to the following: **YES NO**    For my child to be taken by ambulance to hospital in case of serious illness / accident  For my child to receive additional support teaching (if required)  For photographs of my child to appear on the school website.  For my child to go on school tours, educational trips and school activities.  *(e.g. football matches, quizzes, concerts)* |

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| 1. **Code of Discipline** |
| Declaration: I (parent/guardian) have been given details of the school’s Code of Discipline, Discipline for Learning (D.F.L.), and I agree to all of its terms, rewards and sanctions. I understand and accept that the Code of Discipline will apply to my child at all times while in school or engaging in school activities/trips.  Signed: Date: Parent / Guardian    ***In order to enrol in St. Mary’s SNS you must accept, abide by and sign the school’s code of discipline (D.F.L.)*** |
| 1. **Data Protection** |
| **YES NO**  The above details are correct and may be stored as part of school records.  I also consent to the school:  Processing my child’s data on the school’s management information system ‘Aladdin’   *(secure software used solely for administering the education of your child)*  Supplying details of my child’s name, date of birth, address and phone number to the  relevant health authorities where such information relates to providing dental care, immunisation and/or other health care normally provided through the school.    Sharing information with School Completion Programme if my child attends a  School Completion funded club.  Sharing level 2 data (Ethnic or cultural background and religion) with the  Department of Education and Skills.  Sharing my child’s records (attendance, standardised results etc.) with another  school (either primary or secondary) in order to facilitate his/her transfer to that school. |

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| 1. **Your Enrolment Checklist** |
| In order for your child to be enrolled in St. Mary’s Senior School you must provide  the following information / documentation:  **YES NO**   1. Fully completed enrolment form 2. Two passport photos 3. Copy of baptismal certificate   (If your child will be confirmed in 6th Class) 4. Copy of birth certificate 5. Copies of professional reports e.g. speech and language therapist or   occupational therapist etc. if applicable.   1. Details of previous schools attended. 2. Signed Internet Safety Form for your child. 3. I can confirm that I have received a copy of the Parent’s Guide for the   Code of Discipline and a copy of the Parents’ Information Booklet. |

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| **Office Use Only** |
| **YES NO**  Form Completed and Signed.  All relevant documents received.  Date of application received. |