



Holy Family Junior School,
Aughnaharna,
Summerhill,
Portlaoise.
(057) 8688224

Roll No. 20270R

APPLICATION FOR ENROLMENT for SEPT 2019

Class _____ (please complete)

CHILD			
Child's First Name:		Child's Surname:	
Sex: Male <input type="checkbox"/>	P.P.S. No:	Date of Birth:	Child's Nationality:
Female <input type="checkbox"/>			
Home Address:		Previous School/Playschool:	
Name(s) of siblings who attend Holy Family Junior/Senior School		Religion: Was he/she baptised in the Roman Catholic Church? Y/N Place:	
Medical & Allergy Information:		Doctors Name	
Has your child attended any specialist i.e. Medical Consultant, Speech Therapist, Occupational Therapist etc. Yes <input type="checkbox"/> No <input type="checkbox"/>		Is <u>English</u> the primary language spoken at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has he/she any Reports that are relevant to the school? Yes <input type="checkbox"/> No <input type="checkbox"/>			

PARENT/GUARDIANS	
<i>Mother/Guardian:</i>	<i>Father/Guardian:</i>
Full Name:	Full Name
Mothers Nationality:	Fathers Nationality:
Address(if different from above)	Address(if different from above)
Home Telephone No.	Home Telephone No.
Mobile No.	Mobile No.
Work No.	Work No.
Email Address: (please print clearly)	Email Address: (please print clearly)

OTHER CONTACT	
Name:	Name
Relationship	Relationship
Mobile No.	Mobile No.



OTHER INFORMATION
Do any legal order under family law exist that the school should know about: Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any person who, for legal reasons, should not have access to this child during school hours? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer yes to one or both of these two questions please discuss with the principal

GENERAL CONSENTS FORM

	YES	NO
I consent that my child may receive any necessary medical care from a doctor, ambulance crew, hospital etc. in the event of an accident or illness occurring where the school is unable to contact the parents/guardians.		
I consent to my child going on supervised school outings such as sports events, Dunamaise Theatre, Town Park, Library, Swimming Pool, Parish Church etc.		
I consent to the school submitting my child in group photographs, for use on the school website/local newspapers.		
I consent to my child's clothes being changed by school staff if they become soiled or wet.		
I consent to in-school educational tests for my/our child e.g. Belfield, Mist, Drumcondra, Sigma-T.		
I consent to Learning Support in English and/or Maths if my child meets the Criteria for support.		
I consent to my child taking part in the Stay Safe Programme.		
I consent to my child taking part in the RSE (Relationship & Sexuality) Programme.		
I consent my child's name and address to be given to other agencies i.e. Parish, HSE (for Vaccinations, hearing and sight tests) etc.		
I/We have read and understood the above consents. I/We wish to enrol my/our child in the Holy Family Junior School, Portlaoise.		
I/We undertake to see that my/our child will attend school punctually and regularly.		
I/We confirm that I/We are aware that the data relation to this application will be kept in school files and may be used by School Management in the election of Parents/Guardians to the school Board of Management.		

Please note that completion of this form is not a guarantee of a place in Holy Family School, Portlaoise

Parent/Guardian's Signature; _____ Parent /Guardian's Signature:

Date: _____

Date Received in Office:
