

St. Laurence's National School

Martin's Row

Chapelizod

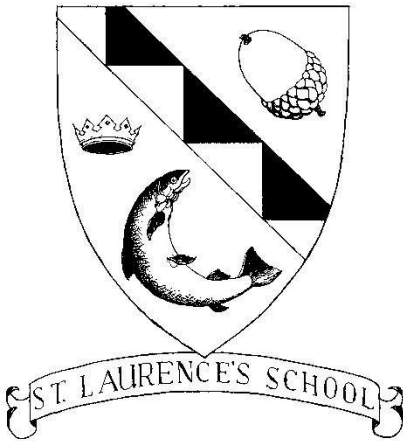
Dublin 20

Tel/Fax (01) 626 7774

Email: stlaurencesns@gmail.com

Website: stlaurencesns.schoolsites.ie

School Roll no.: 10653E



Rev Ruth Noble
Chairperson
Board of Management

Vanessa Carty
Principal

Karen Hendy
Post of Responsibility

ENROLMENT APPLICATION FORM

PLEASE USE BLOCK CAPITALS. ALL SECTIONS MUST BE COMPLETED.

Details of Child

Surname:	
First names:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
No. of siblings:	Place in family: (first child, second etc)
Expected year of entry to school:	PPS no.:
Religious Denomination:	Does the child have any siblings at St Laurence' NS?
Pre-school/School previously attended (please state name, address, phone and class):	

Other Information

Please enter any other relevant information here, including details of any special physical or learning needs, or if your child requires language support. This is to ensure that all necessary support or adjustment can either be applied for to the relevant bodies, or put in place in advance of the child's arrival at the school. **Copies of medical reports, psychological reports, case history etc should be forwarded to the school along with this form.**

Details of Parents/Guardians

<i>Parent/Guardian (1)</i>	<i>Parent/Guardian (2)</i>
Name and Surname:	Name and Surname:
Address:	Address:
Mobile:	Mobile:
Work tel no:	Work tel no:
Home tel no:	Home tel no:
Email:	Email:

Parochial Certificate

PLEASE HAVE THE FOLLOWING SECTION COMPLETED BY YOUR CLERGY PERSON, MINISTER OR PASTOR.

I certify that _____ (NAMES OF PARENTS/GUARDIANS OF APPLICANT) is/are **active members*** of the parish of _____.

I certify that _____ (CHILD APPLICANT LISTED OVERLEAF) has been baptised according to the practices of _____.

(ENTER THE CHURCH OF IRELAND, THE PRESBYTERIAN CHURCH, THE METHODIST CHURCH OR THE ROMAN CATHOLIC CHURCH OR OTHER DENOMINATIONAL NAME)

Name (blocked capitals): _____ Position held: _____

Signed: _____ Date: _____

**THE TERM 'ACTIVE MEMBER' REFERS TO FAMILIES WHO ATTEND A PARTICULAR CHURCH ON A REGULAR BASIS (AT LEAST ONCE PER MONTH) AND ARE INVOLVED IN THE FAITH LIFE OF THE CHURCH IN QUESTION.*

Signature of Parents/Guardians

I/We wish to apply to the Board of Management of St Laurence's National School to have my/our child enrolled in the school in _____ (DATE).

I/We understand that the completion of this enrolment application form does not guarantee that a place in the school will be made available to my/our child.

I/We confirm that all the information entered on this form is fully correct to my/our knowledge.

Signature of mother/guardian: _____ Date: _____

Signature of father/guardian: _____ Date: _____

Important Note

Please note that this application must be accompanied by an **'original'** copy of the child's **birth certificate** and **baptismal certificate**. These will be returned as soon as the application process is completed.

IN LINE WITH GOOD PRACTICE, ALL DOCUMENTATION RELATING TO ENROLMENT FORMS ARE KEPT IN MANUAL FILES WHICH ARE LOCKED IN THE FILING CABINET EACH DAY. ALL DOCUMENTATION RELATING TO YOUR CHILD'S APPLICATION WILL REMAIN CONFIDENTIAL TO THE APPLICATIONS' COMMITTEE WHO ACT ON BEHALF OF THE BOARD OF MANAGEMENT.