

Official Use Only LR	KS
FL	Other

**Star of the Sea N.S.**  
**Riverchapel, Gorey, Co. Wexford.**  
 Phone: 053 9425540. email: [secretary@riverchapelns.com.net](mailto:secretary@riverchapelns.com.net) [www.riverchapelns.com](http://www.riverchapelns.com)

ATTACH PASSPORT PHOTO HERE
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**NB: Application must be completed by the pupil's Legal Guardian(s)**

**PUPIL DETAILS:** First Name(s)

Surname of Pupil:

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Date of Birth:

Gender: Female  Male  Class Sought:

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PPS No										
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*This may be necessary to apply for educational resources.*

Address: \_\_\_\_\_  
 \_\_\_\_\_

Eircode: \_\_\_\_\_ See <https://finder.eircode.ie/> for Eircode.

**\*email address:** (\*most correspondence will be via email)

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Pupil's Nationality:	First Language spoken:
Country of origin:	Religion: Baptised Y__ No__

**\*\*LEGAL GUARDIANS CONTACT DETAILS** (Please read end footnote for explanation of Guardianship)

*NB: First contact number listed here will be used for number for school texting*

Mr, Mrs, Miss	Name	Contact Number	Legal Guardian
			YES ___ NO ___
			YES ___ NO ___

**EMERGENCY CONTACT DETAILS:** NB: In the event of failure to connect with above numbers please list contact details for emergencies or accidents

Name	Relationship	Contact Number
Siblings or relations in this school:	Relationship	Class

**SCHOOL EXPERIENCE**



Name of	Address/Phone no:
<b><u>Playschool attended</u></b>	
<b><u>Primary school attended</u></b>	
<b><u>Present Class:</u></b>	<b><u>Reason for transfer:</u></b> Is your child in receipt of Learning Support/Resource Hours? (Yes__No__) or SNA Hours (Yes__No__) Reports from previous school: Yes___ No___ (Please supply reports to benefit your child)

**MEDICAL HISTORY**

In the event of an emergency, where neither parents nor emergency numbers can be contacted, do we have your permission to take your child to a doctor/dentist or hospital? Yes \_\_\_ No \_\_\_

Medication: Does your child have any illness that requires regular medication? Please explain: \_\_\_\_\_

NOTE: In exceptional circumstances only, authorisation to administer medication to your child may be sought from the Board of Management, by written request to the Board to make special arrangements.

Family Doctor details:		
Family Dentist details		

**NB: SPECIAL EDUCATIONAL NEEDS** (Please ✓ answer as appropriate)

**Is your child receiving or waiting to receive support from any of the following services listed below?**

Occupational Therapist	Psychologist	Eye and Ear	Social Worker	Other
Speech Therapist	Psychiatrist	Assessment of Need	Any Consultant	

If so please give details:

\_\_\_\_\_

Does your child require any additional supports in school? Please let us know. \_\_\_\_\_

\_\_\_\_\_

Please ✓ if you agree: I give my permission for the Principal/ Special Educational Co-ordinator to contact any of the above relevant services and professionals regarding my child. YES \_\_\_ NO \_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

**NOTE: Before submitting your application please make sure you have.....**

- Read all sections and small print carefully.
- Completed all questions or mark N/A if not relevant to your child
- Sign declaration
- Include Original Birth/Adoption Certificate and Baptismal Certificate if baptised
- Include recent school reports and passport photo
- Include relevant **medical or psychological** reports to ensure adequate supports are applied for/in place.

**PLEASE NOTE APPLICATION WILL NOT BE PROCESSED WITHOUT THE ABOVE**

**Submitting a completed application is neither an offer or guarantee of a place in this school. If offered a place we will require written confirmation of interest by the date in the letter of offer.**

*(Please note all of the information given is taken in good faith and will be dealt with in the strictest of confidence and used only for the benefit of your child. We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this we will input your child's data into the school's Management Information System, Databiz. This is a secure software service from where data is only processed for the above purpose.)*

**DECLARATION – This application must be signed by the pupil's legal Guardian(s)**

**I / WE THE PARENTS /LEGAL GUARDIAN(S) UNDERTAKE TO COOPERATE WITH ALL SCHOOL POLICIES AND THE SCHOOL'S CODE OF BEHAVIOUR IN THE INTEREST OF THE WHOLE SCHOOL COMMUNITY. MY CHILD WILL WEAR THE SCHOOL UNIFORM AND ON P.E.DAYS WILL WEAR A NAVY TRACKSUIT. I FURTHER UNDERTAKE TO UPDATE DETAILS ON THIS FORM AS THE NEED ARISES.**

<u>Mr, Mrs, Miss,</u>	<u>Signature</u>	<u>Legal Guardian</u>
		YES ___ NO ___
		YES ___ NO ___

**\*\*Guardianship** means the rights and duties of parents in respect of the upbringing of their children. The natural mother of a child is automatically a guardian of the child. The married mother and father of a child are the most common guardians. Whether the father of a child is an automatic guardian depends on his relationship with the mother. If the mother agrees to the father becoming a guardian both parents must complete a statutory declaration in the presence of a Peace Commissioner or a Commissioner for Oaths or a Notary Public. An unmarried father is automatically a guardian if he has lived with the child's mother for 12 consecutive months after **18<sup>th</sup> January 2016**, including at least three months with the mother and child following the child's birth. If there is disagreement as to whether or not the father has been cohabitating for the required length of time, an application for the necessary declaration can be made to the court. If the mother does not agree to the father becoming the child's guardian, then the father can apply to the court to be appointed as a joint guardian. This is possible, whether or not his name is on the child's birth certificate.

**A step-parent, a civil partner or a person** who has cohabited with a parent for not less than three years may apply to the court to become a guardian where they have co-parented the child for more than two years. A person who has provided for the child's day-to-day care for a continuous period of more than a year may apply for guardianship if the child has no parent or guardian who is willing or able to exercise the rights and responsibilities or guardianship.

**For further information see** <http://www.courts.ie/Courts.ie/Library3.nsf/0/208FE8290DDDD0A080257FB500413B16?opendocument&l=en>

**DATE RECEIVED:** \_\_\_\_\_