Official Use Only LR	KS
FI.	Other

Star of the Sea N.S.

Riverchapel, Gorey, Co. Wexford.

Phone: 053 9425540. email: riverchapelns@eircom .net www.riverchapelns.com

NB: Application must be completed by the pupil's Legal Gua

ATTACH

PASSPORT

HERE

PHOTO

PUPIL DETAILS: First Na	S: First Name(s) Surname of Pupil:					L.,					
Date of Birth:		nder: Female		1ale 🗀	Class Sou	σht·					
]	PPS No			Class 500						
		FF3NU									
		This may be necess	arv to apply	v for education	al resources.						
This may be necessary to apply for educational resources. Address:											
Eircode: See https://finder.eircode.ie/ for Eircode.											
*email address: (*most corresp	ondence will be v	ria email)						_			
D. alla Maria andre		l et al la	1		•	•					
Pupil's Nationality:						Na					
Country of origin:		Religion:			варт	ised Y_	No				
**LEGAL GUARDIANS CO	NTACT DETAILS	(Please read end	<mark>footnote</mark>	for explar	<mark>ation of G</mark>	uardia.	nship))			
NB: First contact number listed here will	be used for number for s	school texting					~				
Mr, Mrs, Name Miss,			Contact .	<u>Number</u>		<u>Legal (</u>	i uardia	<u>'n</u>			
						YES	NO				
EMERGENCY CONTACT DE	ETAILS NR. In the eve	ent of failure to connect with	ahove numbe	ore nlegee list con	ntact details for e	YES		onts.			
Name	3 21 22 20 V TVD. IN MIC OVE	Relationship		Contact N		mer generes	or accia	<u>CHIS</u>			
				_							
Siblings or relations in this so	chool:	: <u>Relationship</u> <u>Class</u>									
SCHOOL EXPERIENCE Name of Address/Ph	ona no:										
Playschool	one no:										
attended											
Primary school											
<u>attended</u>											
Present Class: Reason for	Class: Reason for transfer:										
Is your child in receipt of Learning Support/Resource Hours? (Yes_No_) or SNA											
Hours (Y	Hours (YesNo)										
	rom previous scho	ool: Yes No	_ (Please	supply report	s to benefit ye	our child)				
<u>MEDICAL HISTORY</u>											

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 require regular medication?

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	r details:			•	ি				
Family Dentis	t details	ি							
NB: SPECIAL	L EDUCATIO	ONAL NEEDS	(<u>Please √</u> answ	er as appropriat	<u>e)</u>				
Is your child	receiving or	waiting to receive	e support from any o	f the following	services lis	sted below?			
Occupational	Therapist	Psychologist	Eye and Ear	Social Wo	rker	Other			
Speech Thera		Psychiatrist	Assessment of Need	Any Cons	Any Consultant				
If so please gi	ve details:								
Does your chi	ld require a	ny additional sup	ports in school? Plea	se let us know.	•				
		· -	n for the Principal/ S and professionals reg	•					
Signed:			(Parent/Guar	dian) Date:					
			ase makes sure you ha	ve					
		l small print carefu ions or mark N/A if	ılly. f not relevant to your c	hild					
-	claration		<i>5</i>						
	_	-	icate and Baptismal C	ertificate if bapt	tised				
		l reports and passp		•		16 / 1			
• Include	relevant <u>med</u>	<u>lical or psychologic</u>	<mark>cal</mark> reports to ensure ac	dequate support	ts are applie	<u>d for/in place.</u>			
			BE PROCESSED WI						
			an offer or guarantee o						
			mation of interest by t			_			
			ood faith and will be deal						
		_	ess your child's personal at vour child's data into th		-	_			
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)									
			(E TO COOPERATE WITH A						
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.									
Mr, Mrs, Miss,	<u>Signature</u>	CACKGOIT: IT OKTILK	ONDERTARE TO OF DATE I	DETAILS ON THIST	Legal Guardi				
<u>M1, M13, M133,</u>	Signature								
					YES NO				
**Guardianshin	means the right	es and duties of naren	ts in respect of the upbring	aing of their childr	YES NO				
child is automatic	ally a guardian	of the child. The marr	ried mother and father of a	child are the mos	st common gu	ardians. 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 th 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 ch	ild's birth certif	ficate.	-	_					
			s cohabited with a parent f ated the child for more tha						

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:

For further information