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| Ar scáth a chéile a mhairimid  \\DC\userfiles\geraldine.hetherton\Desktop\School crest.jpg | Scoil an Linbh Iosa Principal: Paul Cassidy  Prosperous, Naas, Co Kildare W91 DT10 Tel: 045 868660  Roll No. 18515J [www.prosperousns.ie](http://www.prosperousns.ie) email: [enquiries@prosperousns.ie](mailto:enquiries@prosperousns.ie)  Charity Number : 20124779  **APPLICATION FORM 2023-2024** |

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| **Name of Child**:  *First: Family:* | | Gender: |
| **Date of Birth**: | **PPS Number**: | Religion: |
| **Address**: ....................................................................................................................  .................................................................................................................... | |
| Nationality: |
| **Eircode**: |
| **Pre School(s)** : *Name: Mobile*: Years attended: | | |
| **Siblings** in this school : None : □ Enrolled at present: □ Past Pupil(s) : □ | | |

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|  | □ **Mother’s** Maiden Name or Guardian □ | □ **Father** or Guardian □ |
| Name: |  |  |
| Address: | ........................................................................... | ......................................................................... |
| Contact Number(s): |  |  |
| Email address:  *Please Print* |  |  |
| Occupation: |  |  |
| Nationality: |  |  |
| Emergency Contact Number (additional to parent or Guardian): | | |

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| Doctor’s Name: ................................................................  Doctor’s Number: |  |
| Medical History/Allergies (If any): | Do you give permission for your child to be taken straight to hospital in the event of serious illness or accident?  Yes: □ No: □ |

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| Has your child attended:  Speech and Language Therapist: □ Occupational Therapist: □ Educational Psychologist: □ Other □  If *YES* please give further details: | |
| **In the case of Non-English speaking pupils**: | |
| Native Language(s): | Date of arrival in Ireland: |
| **If your child is transferring from another school please complete the following**: | |
| Name of school: | Address: |
| Principal: | Telephone Number: |
| Most recent Class Teacher: | Class: |
| Learning Support/Resources Teacher: (If applicable) | Copies of all reports from previous school should accompany this application. |

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| Does any legal order under family law exist that the school should know about?  Yes: □ No: □  If *YES* please provide details. | Scoil an Linbh Íosa is a Catholic School, under the Patronage of the Catholic Bishop of Kildare and Leighlin. If your religious persuasion is other than Catholic, please discuss with the Principal the arrangements necessary while daily religious instruction takes place or while class or school attends Church or Sacramental preparation. |

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| **Activities**  Participating in school tours, outings, sports teams, committees and clubs forms an integral part of the life of Scoil an Linbh Íosa. By enrolling your child at this school you are giving permission for your son or daughter to participate in these activities, unless you express your reservations in relation to a specific activity and withdraw your permission in writing. | |
| **Supplementary Teaching**  Many pupils participate in the Supplementary Teaching Programme (Learning Support) of the school. Where supplementary teaching is offered on a withdrawal basis you will be advised in advance and a meeting with the relevant teachers may be arranged. By enrolling your child at this school you are giving permission for your son or daughter to participate in such programmes. | |
| **Photographs and Videos**  We would like to include photos and video clips of the children participating in various school activities on our school website. It is school policy not to put the names of the children with these images. If you do not want your child’s image to appear on the website please let us know at enrolment. | |
| **Data**  In accordance with the Data Protection Act, Scoil an Linbh Íosa is obliged to register as a ‘Data Controller’ with the Office of the Data Protection Commissioner. The data relevant to this Act includes the information on this application form, and all other data normally generated for the provision and administration of educational services, as each pupil progresses through the school. The Act requires the consent of every parent/guardian so that the school can maintain the above data. Please be assured that the data maintained is no more than is required for the necessary functions of the school and is in compliance with General Data Protection Regulation 2018. | |
| **Policies**  I confirm that I have read, understood and accept the terms and conditions outlined in the following policies: Enrolment, Child Protection, Code of Behaviour, Anti-Bullying, Data Protection, Attendance, Acceptable Use and Homework. These policies are available through the school website, or alternatively can be requested from the Admin Office. | |
| **Declaration**  I/We the Parents/Guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/we consent to its use in compliance with GDPR.  **Signed: Date:** | |
| **Supporting Documents**: Original Birth Certificate □  1 passport photo of your child □  Bill head in your name with your address □ | **Office Use Only:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date Application Received | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **D** | **D** | **M** | **M** | **Y** | **Y** | |  |  |  |  |  |  | | |