



# Application For Enrolment of a Pupil 2020/21

*Closing Date for Applications 22<sup>nd</sup> November 2019*

<b>Name of Applicant</b>				
<b>Proposed year of entry:</b> <i>(Please tick box beside the year)</i>	1 <sup>st</sup>	<input type="checkbox"/>	TY	<input type="checkbox"/>
	2 <sup>nd</sup>	<input type="checkbox"/>	5 <sup>th</sup>	<input type="checkbox"/>
	3 <sup>rd</sup>	<input type="checkbox"/>	6 <sup>th</sup>	<input type="checkbox"/>

This application, when completed should be returned to the St Paul’s Secondary School office and must be accompanied by:

1. A copy of the applicant’s birth certificate (baptismal certificates are not accepted).
2. If applying for a place in a year other than First Year, it is essential to include reports (with full subject list) from at least the previous two years and to provide the name and telephone number of the Principal of the previous school attended.
3. Psychological assessment report, if applicable.
4. Subject Exemption report, if applicable.
5. Incomplete forms will not be processed.

*For Office Use Only*

Application Received	
Birth Cert Checked	
Reports/Exemptions included	

School Stamp

Student Details	
Surname:	First name:
Eircode: <i>(must be included)</i>	Home telephone:
Address:	Date of Birth:
	Nationality:
	P.P.S. No.:
Medical Card: Yes <input type="checkbox"/> No <input type="checkbox"/>	Religion:
Name of Sibling(s) attending St. Paul' Secondary (if any):	

Current School Details	Dates
Name of present school:	
Address of present school:	

Previous School Details (if any)	Dates
Name of previous school:	
Address of previous school:	

Parent / Guardian Details		
Mother's Full Name	Maiden Name	Mother's Mobile Telephone No.
Mother's Email Address		Work Telephone No.
Father's Full Name		Father's Mobile Telephone No.
Father's Email Address		Work Telephone No.
Relevant confidential family information (parent deceased, separation, etc.)		
Please tick here if you are happy to receive school correspondence by email. (All efforts are being made to reduce paper usage).		
		<input type="checkbox"/>

Medical Details	
Doctor's Name	Doctor's Telephone No.
Doctor's Address	Medical Condition/s (if any)

Student Requirements
<p>Has your child any special requirements, e.g. learning, behavioural, emotional Please give details</p>
<p>Has your child been tested/assessed by an Educational Psychologist? (Please tick)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, on what date did the test take place? _____</p> <p style="text-align: center;"><i>Test report(s) must accompany this enrolment form.</i></p> <p>Did your child have SNA access? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Did your child receive supplementary help in Primary School? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Irish Exemption
<p>Has your child received an exemption from Irish in Primary School?</p> <p>Date of exemption: _____</p> <p style="text-align: center;"><i>A copy of the exemption must accompany this form</i></p>

The Department of Education and Skills requests Post-Primary Schools to furnish via the "Annual Post-Primary School October Returns/Examination Entries" process specific data which requires your written consent for the school to record this information and for the school to forward this information to the Department for the purposes as outlined in circular 47/2010, a copy of which is available at [www.education.ie](http://www.education.ie)

I consent to information being shared/forwarded to the Department of Education and Skills and where appropriate with class teachers. Yes  No

I consent to information being collected from my child's previous school in relation to their education. Yes  No

I consent to screening/diagnostic tests being administered during my child's time in school to help identify and support their learning needs. Yes  No

I consent for my child to be filmed, photographed and named for school purposes to be used for articles being sent to newspapers, the school website/ social media and other school related publications. Yes  No

The School offers a full Guidance and Counselling Service. If you do not wish for your child to participate in any aspect of the programme, please indicate below which aspects you do not wish them to receive over their time in St. Paul's Secondary School.

I request that my child does not participate in:

Education Counselling

Career counselling

Personal Counselling

## Declaration

I wish to enrol my child as a pupil at St. Paul's Secondary School.

I wish to state that we will support and endorse the school Code of Behaviour as laid down by the school authorities.

I have read the Code of Behaviour and agree to abide by it.

Student's Signature	Date:
Parent / Guardian(s) Signature	Date:

## Parental Permission for the Senior Cycle

We/I authorise my child \_\_\_\_\_ to leave the school premises during lunch break in Transition Year, 5<sup>th</sup> Year and 6<sup>th</sup> Year unless we/I write to you to the contrary.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_