



## APPLICATION FOR ENROLMENT for SACRED HEART SCHOOL

Surname of student: \_\_\_\_\_ PPS NO: \_\_\_\_\_

First name: \_\_\_\_\_

Name by which applicant is generally known \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

\*If born outside of Ireland please state year of arrival in Ireland \_\_\_\_\_

Nationality: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

### Legal Guardian Details *(eg Mother, Father, Adoptive parent)*

1. Forename: \_\_\_\_\_

2. Forename: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mother's Birth Name: \_\_\_\_\_

Relationship to child (eg. mother, step-father who has adopted child etc)

Relationship to Child (eg. mother, step-father who has adopted child etc)

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile no

Landline no \_\_\_\_\_

Tel \_\_\_\_\_

Email : \_\_\_\_\_

Email: \_\_\_\_\_

Nationality: \_\_\_\_\_

Nationality: \_\_\_\_\_

(required for \*DES purposes)

\*DES (Department of Education and Skills)

**Please enclose a copy of the student's birth certificate (long version)**

**If there are any orders or other arrangements in place governing access to, or custody of the child, please provide details, and enclose certified photocopies of relevant extracts of Court Order (where applicable):-**

\_\_\_\_\_

Please indicate name and address of person(s) to whom correspondence is to be sent regarding educational progress of the student if different from legal guardians named above, and please indicate their relationship to the student:

Name: \_\_\_\_\_

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

Contact No: \_\_\_\_\_

Did sisters attend SHS school? (Please circle)

Yes                      No

Dates: \_\_\_\_\_

Name/s \_\_\_\_\_

Previous school/s of attendance with dates of attendance

\_\_\_\_\_  
\_\_\_\_\_

The following information is required for DES purposes:

\*Has this student an exemption from Irish?                      Yes                      No

The following section is non-mandatory

1. Do you avail of any resource hours in school? \_\_\_\_\_

2. Any known relevant medical conditions? \_\_\_\_\_

3. Any known relevant allergies? \_\_\_\_\_

In the case of emergency please list two contact numbers and state relationship to child

If contact cannot be made with the above listed guardians do you wish to list other contacts?

1. Contact no: \_\_\_\_\_

Relationship to child \_\_\_\_\_

2. Contact no: \_\_\_\_\_

Relationship to child \_\_\_\_\_

**If contact cannot be made with the above listed guardians do you wish to list other contacts?**

**1. Name:** \_\_\_\_\_

**2. Contact no:** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

*I certify that all the foregoing information is true and accurate.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Please continue to page 4)

**Consent Form for Sensitive Personal Data for the School's October Return to the  
Department of Education and Skills**

Certain sensitive personal data which the Department asks post-primary schools to furnish via the "Annual Post-Primary School October Return/Examination Entries" process requires your written consent for your child's school to record this information and for the school to forward this information to the Department for purposes as outlined in circular 0047/2010 a copy which is available at [www.education.ie](http://www.education.ie) or on request from your child's school.

This form will be retained by SHS, Tullamore and will be made available for inspections...

*Please enter the following details in BLOCK CAPITALS*

**Name of School:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Class year of student** \_\_\_\_\_

1. **Where your child is currently enrolling in 1<sup>st</sup> Year do you or your child possess a medical card?\***  
(please **CIRCLE** the appropriate answer)

**YES**                      **NO**

**\* Information required for DES PPOD Information System**

2. **Is your child a member of the Traveller Community \*\*?**  
(please **CIRCLE** the appropriate answer)

**YES**                      **NO**

*\* "Traveller Community" means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions including, historically, a nomadic way of life on the island of Ireland. Section 2(1) of the Equal Status Act, 2000*

**\*Information required for DES PPOD Information System**

**I have read the Sacred Heart School Code of Conduct  
and accept the terms of this code for my daughter (please tick)**

**Signed:** \_\_\_\_\_

**Parent/Guardian/Student**

**Date:** \_\_\_\_\_

**Please complete this form and return to your post-primary school.** This form will be retained by the post-primary school and will be made available for inspection by authorised officers of the Department or from the Office of the Data Protection Commissioner.