App 2

Whitechurch National School

Whitechurch Road, Rathfarnham, Dublin 16 Ireland

Scoil Náisiúnta an Teampaill Ghill, Bóthar Teampaill Ghill, Ráth Fearnáin, BÁC 16.

Tel·Fón01-4942177 ***E-Mail:*** *office@whitechurchns.biz*

Website: www.whitechurchns.biz

School Roll Number: *11638N*

Registered Charity Number: *20119645*

Acting Chairperson	***Principal***	***Deputy Principal***
Rev. Canon Adrienne Galligan	*Ms. Sarah Richards*	*Ms. Judy Brown*

Enrolment Application Form

Please use capitals. This form should be completed in line with the school's enrolment policy on the schools' website.

Details of child

Surname

First name(s)

Date of birth	Place in family (first child, second, etc.)	Expected year of entry to school	P. P. S. Number	Class you are applying for:

Religious denomination (if applicable)	Does the child have any siblings at Whitechurch NS?	Is your child Male or female?	Nationality	Ethnicity (The DES require this information for statistical purposes)

School previously attended (give address, phone number and class)

Details of parent(s)/guardian(s)

Mother/Guardian	**Father/Guardian**
Name and surname	Name and surname
Address Eircode:	Address Eircode:
Telephone *Home* *Work* *Mobile* *Email*	Telephone *Home* *Work* *Mobile* *Email*
Occupation	Occupation
Place of work	Place of work
Religious denomination	Religious denomination

Parochial Certificate **App 2**

Please have the following section completed by your clergyman, minister or pastor if applicable. This section helps to establish those applicants who fall under categories 1 or 2. Only complete if relevant (see enrolment policy for further details).

I certify that _____(enter name(s) of parent(s)/guardian(s)

is/are members of the parish of _____enter name of parish)

I certify that _____(enter name of child listed overleaf)

has been baptised according to the practice of _____
(enter *the Church of Ireland* or *the Presbyterian Church,* or *the Methodist Church,* or *the Roman Catholic Church* or other denominational name)

Signed _____ Name:_____
(in block capitals)

Position held: (e.g. rector, curate, pastor etc.) _____

Date: _____

Other information

Please enter any other relevant information here including details of any special physical or learning needs or if your child requires language support. This is to ensure that all necessary supports or adjustments can either be applied for to the relevant bodies or put in place in advance of the child's arrival into the school.

Please note that this application must be accompanied by a copy of the child's baptismal certificate.

Signature of parent(s)/guardian(s)

I /We wish to apply to the Board of Management of Whitechurch National School to have my/our child enrolled in the school in _____ (date)

I/We understand that the completion of this enrolment application form does not guarantee that a place in the school will be made available to my/our child.

I/We confirm that all the information entered on this form is fully correct to my/our knowledge.

I/We confirm that we have read and accept the terms of the school's Ethos statement, Code of Behaviour, Anti Bullying Policy and Health and Safety Statement (available on the school website in the parents>policies section).

Signature of mother/guardian: _____ Date: _____

Signature of father/guardian: _____ Date:_____

In line with current good practice, all documentation relating to Enrolment forms are kept in manual files which are locked in the filing cabinet each day. All documentation relating to your children's application will remain confidential to the Application's Committee who act on behalf of the school's Board of Management.