## **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



Chairperson Rev. David Bowles		<b>Principal</b> Ms. Sarah Richa		ırds	<b>Deputy Principal</b> Ms. Judy Brown		
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Please use capitals	s. This	s form should be complet					the schools' website.
<b>Details of child</b>	d						
Surname							
First name(s)		_					_
Date of birth	(fir	Place in family (first child, second, etc.)		Expected year of entry to school		P. S. Number	Class you are applying for:
Religious denomination (if applicable)		Does your child have any siblings at Whitechurch NS?		Is your child Male or female?		Nationality	Ethnicity (The DES require this information for statistical purposes)
School or Prese	choo	ol previously attend	ded (giv	e address, phone	e nu	mber and class)	

## Details of parent(s)/guardian(s)

Parent/Guardian 1 Parent/Guardian 2 Name and surname Name and surname Address Address Eircode: Eircode: Telephone Telephone Home Home Work Work Mobile Mobile Email 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 ofenter name of parish)							
I certify that(enter name of child listed overleaf)							
has been baptised according to the practice of							
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 parent/guardian 1: Date:							
Signature of parent/guardian 2: 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.