

# Our Lady of Good Counsel Girls' School

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## ENROLMENT APPLICATION FORM

### STUDENT DETAILS

Surname:	Forename:
PPS Number:	Date of Birth:
No. of children in the family:	Position of the child in family:
Religion:	Nationality:
Home Address:	

### PARENTS / GUARDIAN DETAILS

Name:	Name:
Relationship to child:	Relationship to child:
Address (if different than above):	Address (if different than above):
CONTACT NO.	CONTACT NO.
Home:	Home:
Mobile:	Mobile:
Work:	Work:
E-mail:	E-mail:

### OTHER EMERGENCY CONTACT DETAILS

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

Phone No: \_\_\_\_\_

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

If there are any orders or other arrangements in place governing access to, or custody of the child, please provide details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate name and address of person(s) to whom correspondence is to be sent regarding educational progress of the student (e.g. key worker, social worker) if different from above.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continued overleaf

## PRESENT PRIMARY SCHOOL DETAILS

(NOTE: WE MAY CONTACT THE SCHOOL IN CONNECTION WITH YOUR CHILD'S ENROLMENT)

Name of Primary School: \_\_\_\_\_

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

OTHER PRIMARY SCHOOL ATTENDED (IF RELEVANT):

Name of Primary School: \_\_\_\_\_

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

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

## EDUCATIONAL DETAILS

(REQUIRED FOR THE ASSESSMENT OF INDIVIDUAL EDUCATIONAL NEEDS)

• Has the student a psychological assessment? YES  NO

• Is the Psychological Report available? YES  NO

If YES, please sign to give consent to release the report from your child's present school:

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

• Has the student been granted Resource Teaching Hours and / or Special Needs Assistance hours by the NCSE? YES  NO

If YES, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CATEGORY OF SPECIAL NEED

• Has the student been in receipt of learning support? YES  NO

If YES, please give details: \_\_\_\_\_  
\_\_\_\_\_

It is condition of enrolment that Parents/Guardians agree to uphold the School Code of Behaviour and Anti Bullying Policy on behalf of their child.

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

• Has your child any medical conditions, allergies, problems, etc. that the school should be aware of:

YES  NO

If YES, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As part of the Social, Personal, Health Educational Curriculum the school teaches the Stay Safe and R.S.E. Programme. Please give your consent to your child's participation in the Programme:

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

*Continued overleaf*

Signed (Parent / Guardian): \_\_\_\_\_

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