



# VIRGIN MARY GIRLS' NATIONAL SCHOOL

Shangan Road,  
Ballymun,  
Dublin,  
D09 T2X6.

Phone: 01-8421614  
Email: info@virginmarygns.ie  
Website: www.virginmarygns.ie  
Roll No. 19303W

## Application For Enrolment

### Child's Details:

*Name:	
*Birth Cert Name:	
*Date of Birth:	
*PPSN No.: <small>Required by the Department of Education - Primary Online Database</small>	
*Current Address:	
*Religion:	
*Child's Nationality:	
Details of previous education: <i>(include name, address &amp; phone number of previous school/pre-school):</i>	
Any medical conditions?:	
Does your child appear to have an difficulty with the following :	Hearing :    No <input type="checkbox"/> Yes <input type="checkbox"/> Speech :        No <input type="checkbox"/> Yes <input type="checkbox"/> Eyesight :      No <input type="checkbox"/> Yes <input type="checkbox"/>
If you answered 'yes' to any/all of the above please give details.	
Does your child suffer from any medical condition ?	_____
<b>Note :</b> Asthma, Anaphylactic shock, Asperger's Syndrome, ADD, ADHD, Autism, Cerebral Palsy, Diabetes, Dyspraxia, Epilepsy etc. If 'yes' please give details : _____	
Does your child have any allergies ?	
*To which ethnic or cultural background group does your child belong to? (Please tick one)	
White Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/>	
Any other White background <input type="checkbox"/>	
Black African <input type="checkbox"/> Any other Black background <input type="checkbox"/>	
Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/>	
Other-including mixed race background <input type="checkbox"/>	
*Is one of your child's mother tongues, i.e. language spoken at home, Irish or English? Yes <input type="checkbox"/> / No <input type="checkbox"/>	

### Family Details:

Number of children in family:	
Names of siblings attending Virgin Mary Girls'/Boys' National School:	
Doctor's Name:	
Doctor's Address:	
Doctor's Contact No.	

### Parent/Guardian Details:

Parent/Guardian (a) Name:	
*Maiden Name:	
Address:	
Contact Numbers:	
Home:	
Mobile:	
Work:	
Email:	

Parent/Guardian (b) Name:	
*Maiden Name:	
Address:	
Contact No's:	
Home:	
Mobile:	
Work:	
Email:	

### Emergency Contact Details:

Name of Person: (not listed above).	
Relationship to Child:	
Contact No's:	
Home:	
Mobile:	

Does any legal order under the family law exist that the school should know about ? \_\_\_\_\_

If 'Yes' is there any person into whose custody you child should not be given ? \_\_\_\_\_

Please attach details.

### SCHOOL POLICIES

Parents should also understand that in accepting a place in Virgin Mary Girls' National School they agree to abide by all school policies and codes of behaviour. I agree that she will comply fully with all School Rules. (Policies are available on our school website [www.virginmarygns.ie](http://www.virginmarygns.ie)).

Initials of  
parent/guardian

- ◆ Have you read the school's policy on Enrolment Applications?  
Do you accept and agree to abide by this policy? Yes  / No
- ◆ Have you read the school's Code of Behaviour?  
Do you accept and agree to abide by the policy and agree to implement it? Yes  / No
- ◆ In case of medical emergency, if you are not contactable, do you give your permission to allow your child to be given life-saving treatment in your absence, brought to a G.P. or local hospital? Yes  / No
- ◆ As a Catholic school, we teach the Alive-O/Grow in Love programme. Do you agree to your child taking part in the preparation for the Sacraments of the Catholic Church (First Confession, First Communion and Confirmation), taking part in daily lessons, daily prayers and attending/taking part in events that coincide with the liturgical calendar? Yes  / No
- ◆ We publish newsletters and use photographs of the children in our newsletter, on the school's website and in displays in the school. Do you give permission for your child's photograph to be used (name will not be included) in these newsletters on the website or in displays in the school? Yes  / No
- ◆ During the course of any school year, children may leave the school to attend or visit the church, library, theatre, school tours, swimming, games etc. Do you give permission to allow your child to attend all such functions, with the understanding that you will be notified of such trips before they occur? Yes  / No
- ◆ The Department of Education & Skills have developed a Pupil On-line Database (POD), which requires a school to provide individual details about your child, including – PPS No., Name, Address, Date of Birth and Nationality. Two optional pieces of information are also requested: Religion & Ethnic/Cultural background. As these last two pieces of information are considered to be sensitive personal data (under Data Protection Legislation) written consent is required for them to be transferred to the POD system. Please indicate that you have been made aware and give consent to this request. Yes  / No
- ◆ I give permission for VMGNS to request any information & files from my daughter's previous school(s)/ preschool to assist the teacher draw up her Individual Pupil Plan. Yes  / No
- ◆ Is there any other information that the school may need to know? \_\_\_\_\_

Completion of this application form does not guarantee your child a place in the school. A letter of acceptance or otherwise will follow in due course.

**Privacy:** As per the Data Protection Act, any information sent by you will be treated in the strictest confidence and used only for school records.

**Please ensure that you include a copy of the Birth Certificate. A copy of the Baptismal Certificate (if you wish your daughter to take part in receiving the Sacraments [Communion & Confirmation]). If original documents given, these will be photocopied in the office and returned to you.**

Information required by the Department of Education is marked with an asterisk \*

Parent(s) / Guardian(s) Signature(s)

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

#### OFFICE USE ONLY :

Date of admission : \_\_\_\_\_  
Class : \_\_\_\_\_  
Date of leaving : \_\_\_\_\_  
Birth Certificate : Yes  No

Registration Number : \_\_\_\_\_  
Teacher : \_\_\_\_\_  
Destination : \_\_\_\_\_  
Baptismal Certificate : Yes  No