



Our Lady of Lourdes Secondary School

Rosbercon, New Ross, Co. Wexford.

STUDENT APPLICATION FORM

First Year 2017/2018

Mission Statement: Our school is a learning community based on faith, hope and love, where respect, responsibility and Christian commitment grow, allowing all our students to prepare for a meaningful life.

DATA PROTECTION : *Our Lady of Lourdes Secondary School recognises that the information gathered in the application process contains sensitive personal data which must be held in confidence subject to the requirements of the Freedom of Information Act 1997 and the Data Protection Acts 1988 to 2003. If an applicant becomes a student in our Lady of Lourdes Secondary School this information will be notified to the Department of Education and Skills as part of the routine annual student enrolment return process. In completing and signing this form the student/parent/guardian gives explicit consent for the collection of this data and to the sharing of this information with the Department of Education and Skills.*

1. Student Personal Information

Surname : _____ (as on Birth Certificate)

First Name : _____ Called : _____

Date of Birth : _____ Age: _____

Country of Birth : _____

Nationality : _____

Personal Public Service (PPS) Number : _____

Student Medical Card Number : _____

Mother's Maiden Name : _____ Mother's PPS Number: _____

Religion : _____

Home Phone No : _____ Mobile No: _____

Parent/Legal Guardian/s _____

Home Address : _____

to where all correspondence to be sent

Recent Passport Photo

Brothers/Sisters

Number of Children in Family: _____ No. of Boys : _____ No. of Girls : _____ Age of Eldest: _____

Student's position in family: _____ Number of Girls who have yet to come to Secondary School: _____

Name(s) and class of sister(s) who are attending Our Lady of Lourdes at present :

Family Members (Sibling or Parent/Guardian only) who are Past Pupils of Our Lady of Lourdes :

2. Student's Health

General state of Health : _____

Family Doctor : _____ Tel. No.: _____

Please indicate if any consideration is required in school for any of the following:

Eyesight: _____ Mobility : _____ Hearing: _____ Prescribed Medication : _____

Further information:

3. Student's Education to Date

Present School : _____

Academic

How would you describe your daughter's academic ability?

Excellent: ___ Very Good : ___ Good: ___ Average: ___ Weak : ___ Very Weak: ___

Special Education Needs

In order to give your daughter the most appropriate educational opportunity due to her, may we proceed with objective psychological tests if it is deemed necessary? Yes ___ No ___

(NOTE : Parents will be informed about such proceedings if it is necessary for them to take place.)

Is the student in receipt of Resource Hours? Yes: _____ No: _____

Is the student in receipt of Learning Support ? Yes: _____ No : _____

Is the student exempt from the study of Irish ? Yes : _____ No : _____

(A copy of the **Psychological Assessment or Certificate of Exemption** is required to process the above.)

Further Information : _____

4. Parent/Guardian Personal information

Father

Surname : _____ First Name(s) : _____

Living: _____ Deceased : _____ Separated : _____ Divorced : _____

Occupation : _____

Home making: _____ Employed : _____ Self-employed: _____ Unemployed: _____

Workplace : _____ Work Phone : _____

Mobile : _____ Medical Card No : _____

Email: _____

Mother

Surname : _____ First Name(s) : _____

Living: _____ Deceased : _____ Separated: _____ Divorced : _____

Occupation : _____

Home-making: _____ Employed : _____ Self-employed: _____ Unemployed: _____

Workplace : _____ Work Phone : _____

Mobile : _____ Medical Card No : _____

Email: _____

Guardian/Other

Surname : _____ First Name(s) : _____

Occupation : _____

Home-making: _____ Employed : _____ Self-employed: _____ Unemployed : _____

Workplace : _____ Work-Phone : _____

Mobile : _____ Medical Card No : _____

Email: _____

Emergency Contact : In the event of us being unable to contact any Parent/Guardian please give emergency contact details.

Name : _____ Relationship to Student : _____

Landline : _____ Mobile Number : _____

5. Travel and Attendance

How will your daughter travel to school?

On foot: ___ Bus: ___ Family Car : ___ Lift : ___

How will your daughter travel from school?

On foot : ___ Bus: ___ Family Car: ___ Lift: ___

Are you aware that classes finish at 3.45 p.m. Monday – Thursday and at 3.30 p.m. on Friday?

Yes: ___ No : ___

Are you aware that your daughter must stay in for lunch unless she lives in the immediate vicinity of the school in which case she will need written permission to leave? Yes: ___ No: ___

6. Student's Application Declaration

As a student of Our Lady of Lourdes Secondary School I agree to follow the Code of Behaviour of the school and to try my hardest at all times.

Signed : _____(Student) Date : _____

7. Parents'/Guardians' Signatures [both signatures (where applicable) needed]

These signatures endorse the completed details of this Application Form.

I/We authorise the school to call any doctor and / or ambulance in an emergency_____

I/We have read and accept the School Code of Behaviour _____

I/We agree to work with the school Authorities in the implementation of this Code of Behaviour and all school regulations_____

I/We have read the School's Admission Policy and understand the criteria to be used for the allocation of places_____

I/We acknowledge that the closing date for receipt of applications is Friday 2nd December 2016 at 3.00 p.m. _____

I/We attach the following documentation and acknowledge that without each item required our application will not be processed_____

Document	Enclosed (Yes/No)
Birth Cert	
Second Passport Photo	

Mother/Guardian : _____ Date : _____

Father/Guardian : _____ Date : _____

For office use only

Date received	
Time received	
All Documentation Enclosed	

Signature of Member of Staff who received this form : _____