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| **APPLICATION FOR ENROLMENT FORM** |

*Submission of this application form does not confer a right to admission nor does it guarantee a place in the school.*

**APPLICANT STUDENT’S DETAILS**

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| **Child’s name in full** *(as on birth certificate)* | |
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| **Date of birth** | **Requested date of entry** |
|  |  |
| **Requested class of entry** |  |
| **Postal Address** |  |

**PARENTS’ DETAILS**

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| **Parent’s full name** | | **Parent’s full name** |
|  | |  |
| **Postal address (if different to above)** | | **Postal address (if different to above)** |
|  | |  |
| **Email address** | | **Email address** |
|  | |  |
| **Telephone number** | | **Telephone number** |
|  | |  |
| **Name & address of previous school**  *(if applicable)* | |  |
| **Reason for transfer**  *(if applicable)* | |  |
| **Category for enrolment**  **Please tick the appropriate category**      *(Only used for prioritising if oversubscribed)* | | * Category 1 (Minority faith Dunboyne and Rathmolyon Union) * Category 2 (Minority faith neighbouring union living within 15km radius) * Category 3 (Siblings) * Category 4 (All other applicants) |
| **If you wish to be placed in category 1 or 2 please complete the section below. This is compulsory for consideration in these categories. Please note that the Board of Management reserve the right to request evidence of membership of a minority religious denomination.** | | |
| **Religious denomination** |  | |
| **Name of your Religious Leader** |  | |
| **Name of your Parish** |  | |
| *I/We confirm that the applicant student is a member of the above named minority religious denomination.  We support the ethos of this Church of Ireland school and wish for our child to be educated in a school that provides a programme of religious education which is the same or has a similar ethos to the minority religion named above.*    **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(Parent’s signature)* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(Parent’s signature)* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **DECLARATION**    ***I/We wish to apply to the Board of Management of St. Peter’s National School to have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(applicant student’s name)* ***enrolled in the school on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *(date)*     * ***I/We understand that the completion of this enrolment application does not guarantee a place in the school.*** * ***I/We have read and accept the Code of Behaviour, the Ethos Statement and Admissions Policy, available on the school website.  We will cooperate with staff and support the ethos of the school.*** * ***I/We confirm that all the information on this form is correct and accurate.***   Signed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(Parent’s signature)* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***signature)* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**This application form must be accompanied by:**

* A copy of the applicant student’s birth certificate
* A current utility bill confirming your address