

Under the Patronage of the Church of Ireland

St. Laurence's National School

Martin's Row

Chapelizod

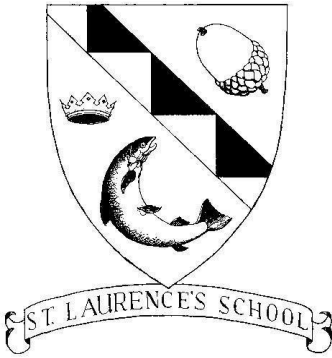
Dublin 20

Ph. 086 0205494

Email: info@stlaurenceschapelizod.com

Website: stlaurenceschapelizod.com

School Roll no.: 10653E



Rev Ruth Noble
Chairperson
Board of Management

Karen Hendy
Principal

Máirín O'Shea
Deputy Principal

ENROLMENT APPLICATION FORM

PLEASE USE BLOCK CAPITALS. ALL SECTIONS MUST BE COMPLETED.

Details of Child

| |
|----------------|
| Surname: |
| First names: |
| Date of Birth: |
| Address: |

Details of Parents/Guardians

| <i>Parent/Guardian (1)</i> | <i>Parent/Guardian (2)</i> |
|----------------------------|----------------------------|
| Name and Surname: | Name and Surname: |
| Correspondence Address: | |
| Postcode: | |

| | |
|---------|---------|
| Mobile: | Mobile: |
| Email: | Email: |

Member of Minority Religion (incl Church of Ireland)

Please complete if applicable.

I/We confirm that _____ (*applicant pupil*) is a member of a minority religion and that I/we wish _____ (*applicant pupil*) to be educated in a school that provides a programme of religion instruction/education which is the same or has a similar ethos to the religious ethos of the applicant pupil.

Signed: _____
Parent/Guardian (1)

Signed: _____
Parent/Guardian (2)

Date: _____

Date: _____

Supporting documentation is required in respect of Minority Religion Statement to complete the application. Please furnish along with application form:

a letter from the relevant Church leader, confirming that the applicant student is a member of the minority religion;

OR

a baptismal record issued by the relevant minority religion which confirms the applicant student has been baptised as a member of the said religion. **OR**

the signature and stamp of the relevant church leader on the Minority Religion Statement below confirming that the applicant pupil is a member of the said minority religion.

Please note if all documentation is not provided with the application form, the application will not be considered until such time as all relevant documentation is furnished and then only if it is furnished prior to the closing date.

Minority Religion Statement

TO BE COMPLETED BY RELEVANT CHURCH LEADER.

I certify that _____ (applicant student) is a member of

_____.

Name (blocked capitals): _____

Position held (blocked capitals): _____

Signature

Date

STAMP

IMPORTANT

Please note that this application must be accompanied by an 'original' copy of the child's birth certificate. In addition, please furnish copy of utility bill confirming proof of address. Originals of documents will be returned to you once the application process has been completed.

Signature of Parents/Guardians

I/We wish to apply to the Board of Management of St Laurence's 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 enclose original copy of my/our child's birth certificate and utility bill confirming home address.
- I/We confirm that all the information entered on this form is true, complete and accurate.

Signed: _____
Parent/Guardian (1)

Signed: _____
Parent/Guardian (2)

Date: _____

Date: _____

Important Note

IN LINE WITH GOOD PRACTICE, ALL DOCUMENTATION RELATING TO ENROLMENT FORMS ARE KEPT IN MANUAL FILES WHICH ARE LOCKED IN THE FILING CABINET. ALL DOCUMENTATION RELATING TO YOUR CHILD'S APPLICATION WILL REMAIN CONFIDENTIAL TO THE APPLICATIONS' COMMITTEE WHO ACT ON BEHALF OF THE BOARD OF MANAGEMENT AND WILL BE USED ONLY FOR THE PURPOSES FOR WHICH IT HAS BEEN GATHERED.