



**APPLICATION TO ENROL FOR SENIOR INFANTS – 6<sup>th</sup> CLASS  
ST. PATRICK'S GIRLS' SCHOOL, HOLLYPARK**

**Foxrock Avenue, Dublin 18**

Telephone 01-2893293 - Email: [hollyparkgns@gmail.com](mailto:hollyparkgns@gmail.com)

**Enrolment will be assessed in accordance with the Enrolment Policy  
in place at the time of application.**

SURNAME:		NAME:		PPS NO:		DATE OF BIRTH:	
SURNAME IN IRISH: <small>(if applicable)</small>		RELIGION:		PARISH:		NATIONALITY:	
HOME ADDRESS:							
EIRCODE:				HOME PHONE:			
WHO DOES THIS CHILD RESIDE WITH?							
MOTHER'S/GUARDIAN'S NAME:				FATHER'S/GUARDIAN'S NAME:			
LEGAL GUARDIAN		Y / N		LEGAL GUARDIAN		Y / N	
MOBILE NO:				MOBILE NO:			
EMAIL:				EMAIL:			
OCCUPATION:				OCCUPATION:			
WORK ADDRESS:				WORK ADDRESS:			
WORK PHONE NO:				WORK PHONE NO:			

SISTER IN HOLLYPARK GNS	NAME:	CLASS:	TEACHER:
BROTHER IN HOLLYPARK BNS	NAME:	CLASS:	TEACHER:
SISTER WHO IS A PAST PUPIL	NAME:	YEARS ATTENDED:	
EITHER PARENT WHO IS A PAST PUPIL	NAME:	YEARS ATTENDED:	

Class applying for:						
SI	1st	2nd	3rd	4th	5th	6th
PREVIOUS SCHOOL:						
<b>Please include recent school reports with this application</b>						

MEDICAL HISTORY (e.g. asthma, allergies, any special needs etc)
OTHER RELEVANT INFORMATION

<b>ALTERNATIVE CONTACT DETAILS</b>			
In the case of <b>illness or accident or emergency school closure</b> parents/guardians will be contacted. If you are unavailable we will contact the persons listed below:			
Name	Relationship to Child (must be over 16 years of age)	Address	Phone

<b>School Policies</b>	
I/We agree on behalf of my/our child to sign up to the school's policies (available to read on school website <a href="http://www.hollyparkgns.ie">www.hollyparkgns.ie</a> ) including but not limited to:	
<ul style="list-style-type: none"> <li>Code of Behaviour</li> <li>Mobile Phone and Related Devices Policy</li> <li>Anti-Bullying Policy</li> </ul>	
<b>Signature of parent/guardian:</b>	<b>Signature of parent/guardian:</b>
<b>Date:</b>	<b>Date:</b>

It is the responsibility of the parents/guardians to ensure that all information is correct at the time of application. Please check all information is correct before submitting.

<b>Signature of parent/guardian:</b>	<b>Signature of parent/guardian:</b>
<b>Date:</b>	<b>Date:</b>

<b>For Office Use Only:</b>
Date Application Form received: _____
Recent School reports received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Upon offer of place <b>original</b> Birth/Adoption Certificate received: Yes <input type="checkbox"/> No <input type="checkbox"/>

**Incomplete application forms will not be considered.**

**Please note the offer of a place does not guarantee that any siblings will be offered a place.**

**We will only retain personal information for as long as it is necessary to fulfil the purposes the information was collected for, including any legal, accounting or reporting requirements. Please see the school website ([www.hollyparkgns.ie](http://www.hollyparkgns.ie)) for our Data Protection Privacy Statement for Parents, Guardians and Pupils**