

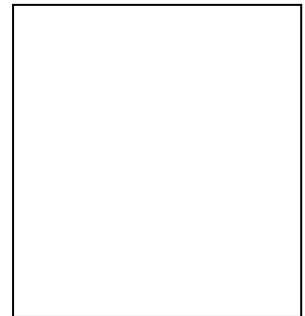
**HARTSTOWN / HUNTSTOWN
COMMUNITY SCHOOL
CLONSILLA
DUBLIN 15**

APPLICATION FOR ENROLMENT 2022/2023



**Online applications will not be processed for the purposes of enrolment.
Hard copy applications only submitted to Hartstown Community School,
Hartstown, Clonsilla, Dublin 15 by Friday the 22nd of October 2021 -
last day for receipt of applications**

Photograph



Name of Applicant: _____

Place required in _____ Year

**N.B. THIS FORM, DULY COMPLETED, IS AN APPLICATION
FOR ENROLMENT ONLY, AND DOES NOT GUARANTEE
ADMISSION TO THE SCHOOL.**

**PLEASE NOTE, ON APPLYING, THE SCHOOL MAY SEEK SUPPLEMENTARY IN-
FORMATION FROM PREVIOUS SCHOOLS.**

For Office Use Only

Date Application Received: _____ Category: _____

Decision: _____ School Report: _____

Registration Receipt No. _____ Utility Bill: _____

Received by: _____ Birth Cert: _____

School Ref Form: _____

MEDICAL

LIST ANY ILLNESS OF WHICH SCHOOL SHOULD BE AWARE

e.g. Asthma, hearing, visual difficulties etc:

NAME OF FAMILY DOCTOR: _____ TEL NO: _____

MEDICAL CARD: Please write yes or no: _____

EDUCATIONAL

HAS YOUR CHILD ANY SPECIAL EDUCATIONAL NEEDS?

YES () NO ()

IF YES PLEASE GIVE DETAILS e.g. which classes were they withdrawn from:

HAS YOUR CHILD BEEN ASSESSED BY AN EDUCATIONAL PSYCHOLOGIST?

YES () NO ()

If yes, and you have a copy of the report, please include a copy with your application.

If you do not have a copy of the report, please sign below to give us permission to gain access to the report from you child's Primary School.

Has your son/daughter been allocated resource hours in the Primary School?

Has your son/daughter had a Special Needs Assistant in the Primary School?

If yes, since when?

I hereby give my permission to the Psychologist/Primary School Principal to give a copy of the report completed on my son/daughter to Mr. Bean, Principal of Hartstown Community School, so that it may assist in the education of my son/daughter.

PARENT'S/GUARDIAN'S NAME (Block Capitals) _____

PARENT'S/GUARDIAN'S SIGNATURE: _____

I give permission for my son/daughter to avail of the counselling service in the school.

PARENT'S/GUARDIAN'S SIGNATURE: _____

PERSONAL (Please print in block capitals)

FIRST NAME (S) _____

FAMILY NAME _____ GENDER M/F _____

DATE OF BIRTH _____ NATIONALITY _____

PPS NO _____

(This number must be given and can be obtained by you from Dept. of Social & Family Affairs
Tel No. 7043281. Please note that applications cannot be
Processed unless we have a PPS No.)

Full ADDRESS _____

E. MAIL ADDRESS _____

RELIGIOUS DENOMINATION _____ MOTHER TONGUE: ENGLISH/IRISH _____

PRESENT SCHOOL _____

TEACHER'S NAME _____

MOTHER'S NAME _____ Home Tel. No. _____

Mobile No. _____

MOTHER'S MAIDEN NAME _____

FATHER'S NAME _____ Home Tel. No. _____

Mobile No. _____

GUARDIAN'S NAME _____ Home Tel. No. _____

(If different from above)

Mobile No. _____

NO. OF CHILDREN IN FAMILY _____

THIS CHILD'S POSITION (e.g. 1st, 2nd etc.) _____

NAMES OF BROTHERS OR SISTERS AT PRESENT IN H.C.S. _____

NAMES OF BROTHERS OR SISTERS WHO ATTENDED H.C.S. IN THE PAST

OTHER INFORMATION

Any other information which you consider helpful to us.

In the event that we are unable to contact Parents/Guardians or the emergency contact person, I give my permission to the school authorities to send my child to a hospital or doctor for any necessary treatment in an emergency

SIGNED: _____ PARENT/GUARDIAN

Name, address and telephone number of contact person other than parents who may be contacted in case of minor illness etc.

Relationship: _____ Tel. No. _____

I the undersigned undertake to see that my Son/Daughter will observe the school's Code of Discipline.

NAME (Block Capitals) _____

SIGNATURE: _____ PARENT/GUARDIAN

DATE: _____

FOR CHILDREN BORN IN COUNTRIES OTHER THAN IRELAND

COUNTRY OF BIRTH _____

YEAR OF ENTRY TO IRELAND _____

NUMBER OF YEARS ATTENDING SCHOOL IN IRELAND _____

FIRST LANGUAGE OF PARENT(S) _____

This information is used by the school to assist in processing enrolment. This data will be held for as long as legally required. Please contact the office to amend any information necessary.