



## Whitechurch National School

Whitechurch Road, Rathfarnham, Dublin 16 Ireland

Scoil Náisiúnta an Teampaill Ghill, Bóthar Teampaill Ghill, Ráth Fearnáin, BÁC 16.

Tel-Fón/Fax 01-4942177

E-Mail: [office@whitechurchns.biz](mailto:office@whitechurchns.biz)

Website: [www.whitechurchns.biz](http://www.whitechurchns.biz)

School Roll Number: 11638N

**Chairperson**

Rev. Canon A. H. McKinley

**Principal**

Ms. Sarah Richards

**Deputy Principal**

Ms. Judy Brown

### Enrolment Application Form

Please use capitals. All sections must be fully completed.

#### Details of child

Surname

First names

Date of birth	Place in family (first child, second, etc.)	Expected year of entry to school	P. P. S. Number
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Religious denomination	Does the child have any siblings at Whitechurch NS?	Male or female?
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School previously attended (give address, phone number and class)

#### Details of parent(s)/guardian(s)

##### Mother/Guardian

##### Father/Guardian

Name and surname	Name and surname
Address	Address
Telephone <i>Home</i> <i>Work</i> <i>Mobile</i> <i>Email</i>	Telephone <i>Home</i> <i>Work</i> <i>Mobile</i> <i>Email</i>
Occupation	Occupation
Place of work	Place of work
Religious denomination	Religious denomination

**Parochial Certificate**

**App 2**

*Please have the following section completed by your clergyman, minister or pastor if applicable.*

I certify that \_\_\_\_\_ (enter name(s) of parent(s)/guardian(s))

is/are members of the parish of \_\_\_\_\_ enter name of parish)

I certify that \_\_\_\_\_ (enter name of child listed overleaf)

has been baptised according to the practice of \_\_\_\_\_  
(enter *the Church of Ireland or the Presbyterian Church, or the Methodist Church, or the Roman Catholic Church or other denominational name*)

Signed \_\_\_\_\_ Name: \_\_\_\_\_  
(in block capitals)

Position held: (e.g. rector, curate, pastor etc.) \_\_\_\_\_

Date: \_\_\_\_\_

**Other information**

*Please enter any other relevant information here including details of any special physical or learning needs or if your child requires language support. This is to ensure that all necessary supports or adjustments can either be applied for to the relevant bodies or put in place in advance of the child's arrival into the school.*

***Please note that this application must be accompanied by a copy of the child's baptismal certificate.***

**Signature of parent(s)/guardian(s)**

I/We wish to apply to the Board of Management of Whitechurch 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 confirm that all the information entered on this form is fully correct to my/our knowledge.

I/We confirm that we have read and accept the terms of the school's Ethos statement, Code of Behaviour, Anti Bullying Policy and Health and Safety Statement (available on the school website in the parents>policies section).

Signature of mother/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of father/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*In line with current good practice, all documentation relating to Enrolment forms are kept in manual files which are locked in the filing cabinet each day. All documentation relating to your children's application will remain confidential to the Application's Committee who act on behalf of the school's Board of Management.*