



Our Lady of Lourdes Secondary School

Rosbercon, New Ross, Co. Wexford.

STUDENT APPLICATION FORM

Mission Statement: Our school is a learning community based on faith, hope and love, where respect, responsibility and Christian commitment grow, allowing all our students to prepare for a meaningful life.

DATA PROTECTION: *Our Lady of Lourdes Secondary School recognises that the information gathered in the application process contains sensitive personal data which must be held in confidence subject to the requirements of the Freedom of Information Act 1997, Data Protection Acts 1988 to 2003 and GDPR 2016 . If an applicant becomes a student in our Lady of Lourdes Secondary School this information will be notified to the Department of Education and Skills as part of the routine annual student enrolment return process. In completing and signing this form the student/parent/guardian gives explicit consent for the collection of this data and to the sharing of this information with the Department of Education and Skills.*

1. Student Personal Information

Surname : _____ (as on Birth Certificate)

First Name : _____ Called : _____

Date of Birth : _____ Age: _____

Country of Birth : _____

Nationality : _____

Student PPS : _____

Recent Passport Photo

Contact No. 1 : _____ Contact No. 2 : _____

Email Address: _____

Home Address: _____

Home Address 2: (if applicable) _____

(where all school correspondence to be sent)

Brothers/Sisters

Number of Children in Family:	
Number of Girls:	Number of Boys:
Student Position in Family:	
Name of Sister/s currently in Our Lady of Lourdes:	
Name of Sister/s former of Our Lady of Lourdes:	Year:
Name of Mother (maiden name) if a former student of Our Lady of Lourdes:	Year:

2. Student's Health

Any Health Issues : _____

Family Doctor : _____ Tel. No.: _____

Please indicate if any consideration is required in school for any of the following:

Eyesight:_____ Mobility:_____ Hearing:_____ Prescribed Medication :_____

Further information:

Are you a holder of a Medical Card: Yes No

Medical Number: _____

3. Student's Education to Date

Present School: _____

School Roll No.: (must be supplied) _____

Special Education Needs

In order to give your daughter the most appropriate educational opportunity due to her, may we proceed with objective psychological tests if it is deemed necessary? Yes____ No ____

(NOTE : Parents will be informed about such proceedings if it is necessary for them to take place.)

Is the student in receipt of Learning Support ? Yes: _____ No : _____

Is the student exempt from the study of Irish ? Yes : _____ No : _____

(A copy of the **Psychological Assessment or Certificate of Exemption** is required to process the above.)

Further Information : _____

4. Parent/Guardian Personal information

FATHER				MOTHER			
Surname:				Surname:			
First Name:				First Name:			
Living:	Deceased:	Seperated:	Divorced:	Living:	Deceased:	Seperated:	Divorced:
Contact No.:				Contact No.:			
Email:				Email:			

Emergency Contact : In the event of us being unable to contact any Parent/Guardian please give emergency contact details.

Name : _____ Relationship to Student : _____

Landline : _____ Mobile Number : _____

Circular 0023/2016 Appendix A (2) Form

For the collection and return of student data by the school to the Department of Education and Skills.

Q 1. Primary School Roll Number : _____

Q 2. Is English or Irish the MOTHER TONGUE of the student YES NO

IN RESPECT TO THE NEXT QUESTION YOU MAY OPT **NOT** TO PROVIDE AN ANSWER

Q 3. To which ethnic or cultural background does the above named student belong?

Please circle only one category (these categories used are based on the Census)

1. White Irish
2. Irish Traveller
3. Roma
4. Any other white background
5. Black or Black Irish - African
6. Black or Black Irish - any other Black background
7. Asian or Asian Irish - Chinese
8. Asian or Asian Irish - any other Asian background
9. Other including mixed background
10. No consent

6. Student's Application Declaration

As a student of Our Lady of Lourdes Secondary School I agree to follow the Code of Behaviour of the school and to try my best at all times.

Signed : _____ (Student) Date : _____

7. Photo Permission

From time to time your daughters photo may be taken during a school activity or for school brochure/journal and may then be used on some of our social media platforms eg. Twitter, Facebook. Our Lady of Lourdes will only use your daughters photograph with full parental consent and within best child protection and data protection guidelines. If you wish to give consent please sign below.

Parent/Guardian Signature : _____ Date : _____

8. Parents'/Guardians' Signatures [both signatures (where applicable) needed]

[These signatures endorse the completed details of this Application Form.](#)

I/We have read and accept the School Code of Behaviour

I/We agree to work with the school Authorities in the implementation of this Code of Behaviour and all school regulations

I/We acknowledge that the closing date for receipt of applications is **Friday 9th November at 3.00pm**

I/We attach the following documentation and acknowledge that without each item required our application will not be processed

Document	Enclosed (Yes/No)
Birth Cert	
Second Passport Photo	
School Roll No.:	

Mother/Guardian : _____ Date : _____

Father/Guardian : _____ Date : _____

For office use only

Date Received	
P. POD	
All Documentation Enclosed	

Signature of Member of Staff who received this form : _____