



# 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 Card 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: | Separated: | Divorced: | Living:      | Deceased: | Separated: | 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. 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 : \_\_\_\_\_

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

I/We acknowledge that the closing date for receipt of applications is **Friday 8<sup>th</sup> November at 3.00pm**

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

| <b>Document</b>       | <b>Enclosed (Yes/No)</b> |
|-----------------------|--------------------------|
| Birth Cert            |                          |
| Second Passport Photo |                          |
| School Roll No.:      |                          |

Mother/Guardian : \_\_\_\_\_ Date : \_\_\_\_\_

Father/Guardian : \_\_\_\_\_ Date : \_\_\_\_\_

**For office use only**

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|                            |  |
|----------------------------|--|
| Date Received              |  |
| P. POD                     |  |
| All Documentation Enclosed |  |
| Student PPS                |  |

Signature of Member of Staff who received this form : \_\_\_\_\_

