



Strictly confidential

Application form for Enrolment to the School of the Divine Child

Child Details

First name (s): _____

Surname: _____

Date of Birth: _____

Nationality: _____ **Country of Birth:** _____

If not born in Ireland, date on which child arrived in Ireland: _____

Mother's Nationality: _____ **Fathers Nationality:** _____

Address at which child resides:

Parent/Guardian's names:

Telephone Numbers:

Contact arrangements to be made if your child is ill in school to include emergency numbers



Name and Address of Previous School if relevant:

Name and address of family doctor

*Did you include the following with this application**

	<i>Yes</i>	<i>No</i>
Psychological Assessment		
Letter of recommendation for special school for pupils with physical and multiple disabilities if not already mentioned in the psychological assessment		
A letter outlining the child's pre-existing medical conditions from the child's GP or Hospital Consultant		
An original birth certificate		
School reports if relevant		

**if you are unable to provide these reports please discuss with the Principal*

I wish to apply for enrolment in the School of the Divine Child.

Please tick which section for this year: Primary _____ Second level _____

Signature: _____
Parent/Guardian

Date: _____

Received by School on _____

Signed:

We gather and process yours child's personal data for the purpose of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools) from where the data is only processed for the above purpose.