



OUR LADY OF GOOD COUNSEL GIRLS' SCHOOL  
JOHNSTOWN, DÚN LAOGHAIRE, CO. DUBLIN  
PHONE: 01-2853775 FAX: 01-2848827  
Email: office@johnstowngns.ie  
www.johnstowngns.com

**APPLICATION FORM**

(Please complete ALL sections clearly)

**Surname:** (as on birth certificate)

**First name(s):**

**Known as:**

**Date of birth:**

**Home telephone:**

**Nationality:**.....

**Country of Birth:**.....

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

**Address:**

**Eircode:** .....

**Doctor:**

**Tel:** .....

**Doctor's Address:**

**Parish:**

**Child's PPS No:**

**Religion:**..... **Place of Baptism:** (if applicable).....

**Parent 1:**

**Work Telephone No:**

**Mobile:**

**E-mail:**

**Parent 2:**

**Mother's Maiden name:**

**Work Telephone No:**

**Mobile:**

**E-mail:**

Please designate *1 mobile number only* to receive school texts:

**Siblings presently attending schools in Johnstown:**.....

**Past Siblings who attended school in Johnstown:** .....

**Is your child's Mother/ Father a past pupil of the schools:** .....

**Class Place Required:**      **Junior Infants** .....      **Other**..... (please specify)

**Previous school, Child care setting, Early Start classes or other –please specify:**

**Class:**

**Reason for leaving previous school:**

(See over)

Medical History:

Allergies:

**\*\*\*Medication:**

In line with the school's Additional Needs Policy and early intervention strategy please indicate if your child has been referred to, or is attending, any of the following?

Speech Therapy  Yes  No

Occupational Therapy  Yes  No

Educational Psychologist  Yes  No

Audiologist  Yes  No

Outreach Services  Yes  No

Other – please specify:

**\*\*\* It is important to complete these details in relation to your child as we may need to discuss a Medical Personal Care Plan**

**Is English your child's first language?**  Yes  No

If no, please specify first language:

**I have read the school Code of Behaviour (available on website) I am in agreement with the terms and willing to support its implementation.**  Yes  No

Please enclose *copy of Birth Certificate*

**Parent's / Guardian's Signature:**

**Date:**

**Consent for Photographs:**

On occasion we like to photograph the children as they engage in various school activities. Photographs are often displayed in classes, on the corridors, or in school publications and school website. Please give consent to having your child photographed for the purposes outlined

***I give explicit consent/I do not consent to my child being photographed during her time in Our Lady of Good Counsel G.N.S.***

Child's name:

Parent's / Guardian's signature:

Date:

**Personal data on this form consent**

***I give explicit consent/I do not consent for the data supplied to be used for the purposes below.***

Child's name:

Parent's / Guardian's signature:

Date:

Our Lady of Good Counsel G.N.S. is a data controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this enrolment form is required for the purpose of :-

- Pupil enrolment
- Pupil registration
- Pupil registration on the Department of Education and Skills Pupil-on-line Database (POD)
- allocation of teachers and resources to the school
- determining a student's eligibility to additional supports

- School administration (text-a-parent)
- child welfare (including medical welfare)
- and to fulfil our other legal obligations

**These forms are kept securely in the school and in line with the retention schedule in the school Data Protection Policy.**