



**Completed application form will be accepted from 8.45am on Wednesday the 1<sup>st</sup> of October 2025.**

It is the responsibility of parents/guardians to supply the required information. Incomplete applications may not be processed. **The offer of a place may be withdrawn or withheld if false information is supplied during the application process.**

The school requires the information on this form for administrative purposes and to prepare the curriculum for the academic year. The information will be treated in line with Holy Family Community School's Data Protection Policy, which can be found on the school's website.

**Closing date for receipt of application form: Wednesday 22<sup>nd</sup> of October 2025 at 3.40pm sharp.**

2.Student Personal Details (required for application process)	
Surname (as per Birth Certificate)	
First Name (as per Birth Certificate)	
Home Address	

County	
Eircode	
Date of Birth (DD-MM-YYYY)	
Mother's Maiden Name	
Student's PPS Number	
Student's Religious Denomination	
Student's Ethnicity	

3. Family Details (required for school enrolment and parental contact purposes)		
	Parent/Guardian 1	Parent/Guardian 2
Surname		
First Name		
Relationship to the Student (Mother/Father/Guardian/etc)		
Address		
Home Phone Number		
Mobile Phone		
Email Address		

Please indicate ONE number to which text messages will be sent:	Mobile Number: _____ <i>Please notify the school of any changes to your mobile number.</i>
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4. Additional Information (required to help the school to plan to support your child's needs)	
Is English your child's first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child exempt from studying the Irish Language? <i>If yes, please provide a copy of their official certificate of exemption.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any additional needs/learning difficulties or disabilities? <i>If yes, please provide relevant medical or psychological reports</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state the nature of the additional needs/learning difficulty below:	

<b>Is your child on medication?</b> <i>If yes, please provide details:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did your child receive extra support in primary school?</b> <i>If yes, please state details below:</i>  <b>Access to SNA:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Assistive Technology:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>5a. Student's Consent</b> <p>I understand that admission to Holy Family Community School is conditional on acceptance of the school's Code of Behaviour and Discipline. I agree to abide by all school policies.</p> <p>The school requires the information on this form for administrative purposes and to prepare the curriculum for the academic year. The information will be treated in line with Holy Family Community School's Data Protection Policy, which can be found on the school's website.</p> <p>By signing below, I agree to the above information.</p> <p><b>Student's Signature:</b> _____ <b>Date:</b> _____</p>
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<b>5b. Parent/Guardian's Consent</b> <p>I/We understand that admission to Holy Family Community School is conditional on acceptance of the school's Code of Behaviour and Discipline. I/We agree to abide by all school policies.</p> <p>The school requires the information on this form for administrative purposes and to prepare the curriculum for the academic year. The information will be treated in line with Holy Family Community School's Data Protection Policy, which can be found on the school's website.</p> <p>By signing below, I/We agree to the above information and I/We declare that all of the above information provided on this form is true and correct.</p> <p><b>Parent/Guardian 1 Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Parent/Guardian 2 Signature:</b> _____ <b>Date:</b> _____</p>
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