



Mary, Mother of Hope J.N.S,
St. Charles Houben Building, Littlepace, Dublin 15

Request for Transfer to the School

Class Level: _____

Year: 2020/2021

Information on child seeking registration which will be shared with DES if child is enrolled.

Child's First Name: _____ Child's Surname: _____

Date of Birth: _____ Male Female P.P.S No: _____

Address: _____

Is your child currently enrolled in a Primary School? Yes No If yes, where? _____

Family's Country of Origin: _____ Language(s) spoken at home: _____

Names of brothers and sisters currently/previously attending Mary, Mother of Hope Schools: _____

Does your child have any Special Needs? Yes No Does your child have a medical conditions? Yes No

If yes please give brief details: _____

With your consent we will share the following information with the Department of Education & Skills, if child is enrolled.

Ethnical or Cultural Background of child: Consent to share with DES No Consent to share with DES

White Irish Irish Traveller Roma Any other White Background Black African Any other Black Background

Chinese Any other Asian Background Other (Inc. mixed background)

Child's Religion: _____ Consent to share with DES No Consent to share with DES

Parent/Guardian Information:

Parent/Guardian's Name: _____ Phone: _____ Email address: _____

Parent/Guardian's Name: _____ Phone: _____ Email address: _____

Mobile Number for Text Notifications: _____ Email address for school contact: _____

Name of Emergency Contact 1: _____ Mobile: _____

Name of Emergency Contact 2: _____ Mobile: _____

I understand that: (please tick)

- Allocation of places at Mary, Mother of Hope J.N.S will be strictly in accordance with the admissions policy of the school.
- Completion of this form and it's receipt in the school does not guarantee that my child will be offered a place at the school.
- It is my responsibility to inform the school of any changes in address, contact details or any other circumstances.
- If I have not replied to a confirmed offer of a place for my child within 14 days, I will forfeit my place.
- If offered a place I consent to my child's records being passed on from their former school to Mary, Mother of Hope JNS.
- I understand that deliberately giving incorrect information will render this application null and void**

Signed: _____ Parent/Guardian Date: _____

For school purposes ONLY: Birth Cert received: Baptism Cert received: Proof of address received: School Report:

Signature: _____ Date: _____



Scoil Mhuire, Máthair ár nDóchais

Mary, Mother of Hope J.N.S,

St. Charles Houben Building,

Littlepace, Dublin 15

Tel:(01) 640 5655 Fax: (01) 6405692

email: info@hopejns.ie

Record Request Form

I,, (parent / guardian name) consent to my child's records being passed on from their former school,to Mary Mother of Hope JNS.

Child's Name:

DOB:

I would greatly appreciate if you could forward these records as soon as possible.

Many thanks,

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Principal