



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

Request for Transfer to the School

Class Level: \_\_\_\_\_

Year: 2022/2023

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