

Principal: Mr. Eddie Kelly

Deputy Principals: *Ms. Jane Treanor, Mr. Darren Bishop*

**Our Lady’s Secondary School**

**Castleblayney**

**Co. Monaghan**

Tel: 042 9740351

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E-mail: office@olss.ie

Web: [www.olss.ie](http://www.olss.ie)

**Application for Enrolment 2025**

***Note: The information provided on this form is confidential and will be retained, used and disclosed by Our Lady’s Secondary School in line with the Data Protection Notice at the end of the form.***

**NB: Application must have Copy of Birth Certificate enclosed**

**Students Details**

Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*Please ensure PPS no. is correct)*

Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is English or Irish the Mother Tongue of the Student? Yes [ ] No [ ]

Male [ ] Female [ ]

**First Parent [ ] / Guardians [ ] Contact Details**

Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Mobile No.** | **Tel. No. Home** | **Tel. No. Work** |
|  |  |  |

**Second Parent [ ] / Guardians [ ] Contact Details**

Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Mobile No.** | **Tel. No. Home** | **Tel. No. Work** |
|  |  |  |

***Please indicate the primary person(s) and address to whom official school correspondence will be sent:***

***Parent/Guardian 1 [ ] or Parent/Guardian 2 [ ] if other please specify.***

***If there are any other arrangements in place governing access to, or custody of the child please inform the school of the same if and when the offer of place for your son / daughter is made available***

Number of children in the family \_\_\_\_\_\_\_\_\_\_ Position in the family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names & Ages of brothers & sisters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brother/Sister currently in this school: Yes [ ] No [ ]

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brother/Sister a past student of this school: Yes [ ] No [ ]

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent who is a past pupil of this school: Yes [ ] No [ ]

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary School Details** *(note: we may contact the school in connection with your child’s enrolment)*

Name of current Primary School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Primary School attended & dates if relevant: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give permission to contact my child’s primary school to obtain copies of teachers’ records, academic reports, psychological reports, educational passport and other records necessary to aid the transition from primary to post primary and to help my child’s educational welfare.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Details** *(required for the assessment of individual educational needs)*

1. Has your son/daughter ever had a psychological assessment? Yes [ ] No [ ] Date of Assessment \_\_\_\_\_

1. Is the report available? Yes [ ] No [ ] (if yes please attach a copy of the report to this form)
2. Is your son/daughter in receipt of resource teaching hours and / or Special Needs Assistance hours as granted by the NCSE? Yes [ ] No [ ]
	1. If Yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Has your son / daughter received assistive technology through the NCSE at Primary School? Yes [ ] No [ ]
	1. If Yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Irish is a compulsory subject for all students and exemptions from this subject are only granted in exceptional cases. Students may only be granted an exemption on the following grounds
5. Pupils whose primary education up to 11 years of age was received in Northern Ireland or outside Ireland.

1. Pupils who were previously enrolled as recognised pupils in a primary or second-level school who are being re-enrolled after a period spent abroad, provided that at least three years have elapsed since the previous enrolment in the State and the pupil is at least 11 years of age on re-enrolment.
2. Pupils
3. who function intellectually at average or above average level but have a Specific Learning Disability.
4. who have been assessed as having a general learning disability due to serious intellectual impairment.
5. who have been assessed as having a general learning disability due to serious sensory impairment.

The evidence of such a disability should be furnished by a qualified psychologist, supported in the case of (iii) by a report from an appropriate medical specialist. In addition, a full report on the pupil should be furnished by the school.

Is your son / daughter currently studying Irish? Yes [ ] No [ ]

If you have answered no please indicate the reason (a, b or c above) \_\_\_\_

***Please provide a copy of the exemption certificate provided by the National School***

1. Standardised Testing may be carried out for the purpose of literacy & numeracy progress, assisting in referral to outside agencies such as NEPS, for Career Guidance Information or for Reasonable Accommodation in the State Examinations

I give permission for the school to carry out such tests.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Details**

*(required to ensure the school has an accurate record of medical conditions as well as your doctors details in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff in certain circumstances)*

Does your child have a Medical Card? Yes [ ] No [ ] If yes please state the number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Address of Doctor’s Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­­­Do you have any medical concerns / medical information of relevance that the school should know in relation to your son / daughter?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection**

The school is a Data Controller under the Data Protection Acts 1998, 2003 and the General Data Protection Regulation of 2016. The personal data supplied on this application form is required for the purposes of:

* student enrolment,
* student registration,
* allocation of teachers and resources to the school
* determining a student’s eligibility for additional learning supports and transportation
* examinations
* school administration,
* child welfare (including medical welfare)
* and to fulfil our other legal obligations

**Our Lady’s Secondary School Contacting You**

Please confirm if you are happy for us to contact you by SMS/text message / Compass App and to call you on the telephone numbers provided and to send you emails for all the purposes of:

* School Activities
* Parent Teacher Meetings,
* School concerts/events,
* To notify you of school closure (e.g. where there are adverse weather conditions),
* To notify you of your child’s non-attendance or late attendance or any other issues relating to your child’s conduct in school,
* To communicate with you in relation to your child’s social, emotional and educational progress, and to contact you in the case of an emergency

Tick if you consent to the following:

Use your email address to alert you to these issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use your mobile phone number to send you SMS texts to alert you to these issues? \_\_\_\_\_\_\_\_

Use your mobile phone/landline number to call you to alert you to these issues? \_\_\_\_\_\_\_\_\_\_

***Please Note: Our Lady’s Secondary School reserves the right to contact you in the case of an emergency relating to your child, regardless of whether you have given your consent.***

While the information provided will generally be treated as private to Our Lady’s Secondary School, and will be collected and used in compliance with the Data Protection Acts 1988 and 2003, from time to time it may be necessary for us to transfer your personal data on a private basis to other bodies (including the Department of Education & Skills, the Department of Social Protection, An Garda Siochána, the Health Service Executive, TUSLA, social workers or medical practitioners, the National Council for Special Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) with another school. We rely on parents/guardians and students to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your/your child’s personal data you should write to the school Principal.

**Data Protection Policy of Our Lady’s Secondary School**

A copy of the full Data Protection Policy of Our Lady’s Secondary School is available on request. When you apply for enrolment, you will be asked to sign that you consent to your data/your child’s data being collected, processed and used in accordance with this Data Protection Policy during the course of their time as a student in the school.

**Photographs/Digital Recordings of Students**

The school maintains a database of photographs of school events held over years.  It has become customary to take photos/digital recordings of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school.  Photographs/digital recordings may be published on our school website/ twitter page / facebook page or in brochures, DVD’s, newsletters, local and national newspapers and similar school-related productions.

***CONSENT (TICK ONE ONLY)***

1. ***If you are happy to have your child’s photograph/recording***

***taken as part of school activities and included in all such***

***records tick here.***

1. ***If you would prefer not to have your child’s photograph/recording***

***taken and included in such records, please tick here***

1. ***If you are happy for your child’s photograph/recording to be taken and***

***included as 1. above, but would prefer not to have images of your***

***child appear on the website, twitter page, facebook page,school brochures,***

***DVD’s, yearbooks, newsletters etc. please tick here***

Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

### *Student (Contract and Consent)*

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a student in Our Lady’s Secondary School, I promise to abide by the rules and regulations of the school, in the interests of maintaining a positive learning environment.

I have read and I accept the school Code of Behaviour

I am aware that school policies are available to me on school website and I accept their validity and use when dealing with issues that arise.

**Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### *Parent (Contract and Consent)*

In registering my above named child as a student in Our Lady’s Secondary School:

I understand that this implies a full acceptance of the rules of the school as laid down from time to time by the Board of Management.

I will provide copies of recent psychological or other professional educational assessments to the school.

I understand that, while every effort will be made to ensure that my son/daughter will be facilitated in his/her subject choices, this may not always be possible.

I give Our Lady’s Secondary School permission to administer screening tests in line with their Special Education Needs Policy. If my child is allocated additional teaching hours or special needs assistant hours, I understand they will be allocated to my child in line with the Special Education Needs Policy. I give permission for reports – psychological, medical, etc. to be made available to relevant school staff as necessary.

I understand that by enrolling my child in Our Lady’s Secondary School I agree to my child meeting from time to time with members of the pastoral and student support teams in the school, including the class tutor, year head, guidance counsellor, etc.

I am aware that School Policies are available to me on School Website and I accept their validity and use when dealing with issues that arise.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

By signing below, I am giving explicit consent for Our Lady’s Secondary School to confirm, retain, use and disclose the information I have provided in accordance with our Data Protection Policy (as summarised above).

Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please ensure you receive a stamped copy of this Application Form as this copy is your receipt and proof of application.***

Every effort will be made to facilitate your child. In the event of applications exceeding places available, Admissions Policy criteria will apply (available on the school website [www.olss.ie](http://www.olss.ie) )

The school will start accepting Application Forms from October 1st 2024

Closing date for Applications: October 25th 2024

Offers of places will be made by November 15th 2024

**Consent Form for Sensitive Personal Data for the School’s October Return to the Department of Education and Skills**

Certain sensitive personal data which the Department asks post-primary schools to furnish via the *“Annual Post-Primary School October Return/Examination Entries”* process requires your written consent for your child’s school to record this information and for the school to forward this information to the Department for purposes as outlined in circular 0047/2010 a copy which is available at [www.education.ie](http://www.education.ie) or on request from your child’s school.

Please note that the reference to “you” in this consent form means a parent or a guardian of a student, or a student aged 18 years and over who is attending a recognised post-primary school.

*Please enter the following details in* BLOCK CAPITALS

**Name of School: Our Lady’s Secondary School, Castleblayney, Co. Monaghan**

**Name of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_**

**1. Where your child is enrolling for 1st Year do you or your child possess a medical card?** *(please CIRCLE the appropriate answer)*

*YES NO*

**2***.* **Mother Tongue English or Irish** *(please CIRCLE the appropriate answer)* **YES NO**

**3. Ethnicity and Cultural Background** (please CIRCLE one only)

White Irish

 Irish Traveller

 Roma

 Any other White background

 Black or Black Irish – African

 Black or Black Irish – Any other black background

 Asian or Asian Irish - Chinese

Asian or Asian Irish – Any other Asian background

Other (incl. mixed background)

 No Consent

Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this form and return to Our Lady’s Secondary School. This form will be retained by the post-primary school and will be made available for inspection by authorised officers of the Department or from the Office of the Data Protection Commissioner.