



St. Eithne's G.N.S.

Application Form

APPLICATION FOR:

(PLEASE TICK CLASS YOU WOULD LIKE YOUR DAUGHTER TO ENROL IN)

2ND CLASS: 3RD CLASS: 4TH CLASS: 5TH CLASS:
6TH CLASS:

Girl's Name (as on Birth Cert): _____

Address (where child resides): _____

P.P.S. No. (child): _____ Date of Birth: _____

Child's Country of Birth: _____ Language spoken at home: _____

Mother's Name: _____ Mother's Phone Number: _____

Mother's Occupation: _____ Mother's Email Address: _____

Father's Name: _____ Father's Phone Number: _____

Father's Occupation: _____ Father's Email Address: _____

Guardian's Name: _____ Guardian's Phone Number: _____

(If applicable)

Emergency Contact Name: _____ Emergency Phone Number: _____

(Please nominate someone to contact in case of emergency if parent/guardian unavailable)

Religion: _____

(IF CATHOLIC PLEASE INCLUDE BAPTISMAL CERT WITH APPLICATION)

I understand that St. Eithne's is a Catholic school. There is no compulsion for my child to take part in Religious Instruction in school. However, if I wish to withdraw my child I must be responsible for supervision during Religious activities as the school does not have the resources to provide extra supervision. YES NO

Number of children in family: _____ Child's place in family: _____

(e.g. eldest, youngest, second etc)

Sister in St. Eithne's ? YES NO

Name of sister in school: _____ Sister's Class: _____

(If applicable)

Other schools attended: (Early Start, playschool or primary school)



DETAILS OF ANY ILLNESS OR MEDICAL CONDITION THAT THE SCHOOL SHOULD BE AWARE OF – PLEASE STATE BELOW:

HAS YOUR CHILD HAD THEIR EYES TESTED? YES NO

HAS YOUR CHILD HAD THEIR HEARING TESTED? YES NO

HAS YOUR CHILD EVER BEEN REFERRED FOR ASSESSMENT? YES NO

DETAILS OF ASSESSMENT: _____

ANY OTHER CONDITION/ISSUES WHICH YOU WOULD LIKE TO BRING TO OUR ATTENTION?

(IF YOU HAVE COPIES OF ANY RELEVANT PROFESSIONAL REPORTS ON ANY ASPECTS OF YOUR CHILD'S DEVELOPMENT WE WOULD APPRECIATE A COPY FOR OUR RECORDS TO HELP US MEET YOUR CHILD'S NEEDS WHILE IN SCHOOL.)

PLEASE READ, TICK & SIGN BELOW:

(If you would like copies of any policies or procedures please contact the school)

- IN THE EVENT OF MY CHILD NEEDING SUPPLEMENTARY TEACHING IN SCHOOL, I GIVE MY PERMISSION FOR ANY RELEVANT TESTING TO BE ADMINISTERED IN SCHOOL BY THE LEARNING SUPPORT/RESOURCE TEACHER.
- I ACKNOWLEDGE THAT THE MANDATORY SPHE PROGRAMME CONTAINS ELEMENTS OF SUBSTANCE USE/RELATIONSHIPS & SEXUALITY EDUCATION/STAY SAFE & CHILD PROTECTION
- I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE TAKEN & DISPLAYED FOR SCHOOL USE
- I AGREE TO AND SUPPORT THE SCHOOL'S CODE OF BEHAVIOUR
- I GIVE CONSENT TO MY CHILD TO GO ON SUPERVISED SCHOOL TRIPS
- I GIVE PERMISSION FOR FIRST AID TO BE ADMINISTERED TO MY CHILD
- I AGREE TO NEPS INTERVENTION IN THE EVENT OF A CRITICAL INCIDENT

SIGNATURE OF PARENT/GUARDIAN _____

Office use only

Ainm as gaeilge: _____ **Baptismal Certificate:** _____

Rang: _____ **Oide:** _____ **Clár Uimhir:** _____