



Scoil Aonghusa Senior N.S.
Balrothery, Tallaght, Dublin 24.



Chairperson: Mr. J. Addie Principal: Ms. M. Hamilton Deputy Principal: Ms. S. Owens Home / School / Community / Liaison Teacher: Mr. C. O' Donoghue

Student Details

First Name:	Surname:
Date of Birth:	Previous School:

Family Details

Parent 1	Parent 2	
Name:	Name:	
Phone:	Phone:	
Email:	Email:	
Address:	Address (if different):	
Sibling(s) attending Scoil Aonghusa Senior:	PPS#	Nationality:

Medical Needs

Medical conditions that we should know about: Please tick if relevant

Speech Hearing Sight Asthma Epilepsy Heart Condition Diabetes

Allergies Allergy Details: _____

Additional Information: Please give details and specify any conditions not mentioned above which may affect your child's school life.

Does your child require regular medication? Yes No

If your child requires medication of any kind during the school day, you will need to fill out a medical indemnity form with the Principal before your child starts school.

Educational Needs

Has your child ever had an assessment? Yes: No:

E.G: Educational, Psychological, Occupational Therapy, Speech and Language

Has your child access to a Special Needs Assistant (SNA)? Yes: No:

Does your child attend Special Education Teachers? Yes: No:

Code of Behaviour

I have read and agree to support the Code of Behaviour at Scoil Aonghusa Senior. Yes: No:

I agree to co-operate with and support the rules and ethos of Scoil Aonghusa Senior. Yes: No:

Signed: _____

Date: _____

Parental/ Guardian Permission

If parents/guardians choose not to give permission for us to contact previous primary school regarding your child, that is the choice of the parents/guardians. However, please be advised that Scoil Aonghusa Senior will not receive information which could help your child's transition into our school community.

If you do not wish to give Scoil Aonghusa Senior permission to contact previous school as outlined below, we would appreciate if you would contact the school office (01) 451 8984 to inform us of this choice.

Student: _____ (in block-capitals please)

Parent/ Guardian: _____ (in block-capitals please)

I give permission to previous school to supply Scoil Aonghusa Senior with copies of any records/reports/assessments which they have on file (hard copies and digital copies) regarding my child including any additional needs which my child has. These reports may relate to physical, psychological, medical or special-educational needs (including School Support Plans) which could impact on the educational experience of my child.

I am aware that these reports will be used by Scoil Aonghusa Senior to identify needs to enable the school to help my child transition into Scoil Aonghusa Senior.

Permission granted: YES NO *Please tick one*

Parent/ Guardian signature: _____

Please return the completed form, copy of Birth Certificate and Proof of Address to :

FAO: Enrolment Application, Scoil Aonghusa Senior, Balrothery, Tallaght, Dublin 24.

or office@scoilaonghusasnr.ie