



Scoil Naomh Treasa – Tiernasligo N.S
Application Form for Enrolment to School

Child's PPS No. _____ Year of proposed entry 20____ Uimhir Rolla: 16108J

Name of Child _____ Class: _____

Name in Irish: (optional) _____ Male/Female: _____

Home Address _____

Eircode: _____ Nationality: _____

Date of Birth: _____ Was Birth Certificate supplied: Yes ☐ No ☐

Place of Baptism: _____ Date of Baptism: _____

Please provide a copy of Baptismal Certificate. This is an option if your child wishes to receive the sacraments in the school

Country of Birth _____ Languages spoken in the home: _____

If born outside the country, year of arrival in Ireland: _____

Name of Previous School/ Pre-School attended: _____

Address: _____

Principals Name: Phone No: _____

Class in which enrolled in that school/Pre-School: _____

Please attach records/documents from your previous school (if you have any)

Please sign if you give permission for the school to contact the pre-school your child attended if applicable. Signature: _____ Date _____

Parent/Guardian Details: _____ **Parent/Guardian Details:** _____

First Name: _____ First Name: _____

Last Name: _____ Last Name: _____

Relationship to child: _____ Relationship to child: _____

Phone No: (Home): _____ Phone No: (Home): _____

Phone No: (Work): _____ Phone No: (Work): _____

Phone No: (Mobile): _____ Phone No: (Mobile): _____

Email Address: _____ Email Address: _____

Name of brothers/sisters in this school: _____

IN CASE OF AN EMERGENCY Additional Local Contact Names, to be contacted in emergencies (Not the same as above)

Name: _____ Phone No: _____

Relationship to child: _____

Name: _____

Phone No: _____

Relationship to child: _____

It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills

Please Tick

Yes

No

Are there any orders or other arrangement in place governing access to or custody of your child?

The school may share Personal Pupil Data with other organisations such as HSE, TUSLA, An Garda Síochána, etc where there is a legal basis for doing so under GDPR

Relevant Medical Information:

Family Doctor

Phone No:

Please sign if you grant permission to bring your child/children to the Doctor when parent cannot be contacted in the case of an emergency.

Signature of Parent _____ Date: _____

Please sign if you give permission for the administration of basic first aid by a teacher

Signature of Parent _____ Date: _____

Does your child/children suffer from hearing/sight difficulties or any illness such as **asthma**, **epilepsy** or has **any food/medication allergies** or any other **Medical Concern/Information** of relevance? Please specify and use a separate sheet, if required. **Please note it is the responsibility of the parent to notify the school of any allergies to food or medication.*

Has your child ever been psychologically assessed?

Details:

Has your child ever received a Speech/Language Report or attended Speech Therapy?

Details:

Has your child any Special Education Needs?

Details:

I/We wish to enrol my/our child/children in Tiernasligo N.S

I/We have read a copy of Tiernasligo N.S Enrolment (Admissions) Policy on the school website (link)

Signed:

Parent/Guardian

Date:

Signed:

Parent/Guardian

Date:

Both Parents/Guardians to sign

PLEASE LEAVE BLANK FOR SCHOOL USE ONLY

Date of Entry to Scoil Naomh Treasa

Number on Register

Class in which to be enrolled