

Scoil Asicus Naofa
Strandhill
Co. Sligo F91 V003
Tel: 071 91 68 154



Principal: Mr Joseph Fogarty
Roll No: 15004P
office@strandhillnationalschool.ie
www.strandhillnationalschool.ie

Date Received by School:

APPLICATION FOR ADMISSION OF NEW PUPILS: YEAR 2026

Please complete this form in CAPITAL LETTERS and forward it to the school by post or email (applications@strandhillnationalschool.ie)

Information on this form does not prejudice your application which will be processed in accordance with our Admissions Policy.

Section 1: Pupil Information.

*Information marked with an asterisk is required by Dept. of Education for their Primary Online Database (POD).

*Pupil's First Name _____ *Pupil's Surname _____

*Name on Birth Cert (*if different from above*)

*Address _____

_____ Eircode _____

NB: Families with no siblings currently in the school must supply proof of address via a utility bill (Electricity, Waste Collection, Fixed-line phone, Home Insurance etc)

Document Provided _____

*Child's Date of Birth _____

Male { } Female { }

*PPSN _____

*Nationality _____

*Religion: _____

*Do you consent to uploading of data relating to religion to POD Yes { } No { }

If you wish your child to receive the sacraments of Communion and Confirmation, please attach a copy of your child's baptismal certificate for our file. { }.

If you do not wish your child to participate in elements of school's Catholic Ethos please indicate here and we will forward a copy of our Religion Policy setting out provision for those who do and do not participate in religious education. { }

If your child is not Catholic, please indicate how you wish them to participate in elements of school's Catholic Ethos.
I wish for my child to:

Participate in the Religious Education programme "Grow in Love":	Yes { }.	No { }.
Go to the Church with class for visits & masses:	Yes { }.	No { }.
Participate in Christmas Nativity Concert:	Yes { }.	No { }.

*To which ethnic or cultural background group does your child belong (please tick one)?

White Irish { }, Irish Traveller { }, Roma { }, Black African { }, Chinese { },

Any other white background { }, Any other black background { },

Any other Asian background { }, Other (inc. mixed background { }

*Do you consent to uploading of data relating to ethnicity to POD Yes { } No { }

*Is one of the languages spoken at home Irish or English? Yes { } No { }

Name of Crèche/Montessori (*Junior Infants only*) _____

*Previous School (*For students other than Jnr Infants*) _____

Section 2: Pupil Contact Information.

Parent/Guardian 1: First Name _____ Surname _____

Relationship to child: _____

Address (*write 'same' if living with pupil*) _____

Email _____ Home Phone No. _____

Mobile No. _____ Work No. _____

Parent/Guardian 2: First Name _____ Surname _____

Relationship to child: _____

Address (*write 'same' if living with pupil*) _____

Email _____ Home Phone No. _____

Mobile No. _____ Work No. _____

Scoil Asicus Naofa requires the Aladdin Schools Database (www.aladdin.ie/) to manage information on all children (contact details, allergy information, daily attendance records, standardised test scores, money collections, end-of-year report cards, parent-teacher meetings etc.) and the Aladdin Connect app to send parents newsletters. Information is handled confidentially for the purposes it was obtained and parents may access the information stored on their child in accordance with GDPR and our Data Protection Policy. Parents must give their permission for their child's information to be stored on Aladdin – see below.

Each teacher has a school email address for class-related communication. Scoil Asicus also uses text messaging to contact parents in special circumstances e.g. unforeseen school closure.

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**Emergency Contact Details (In the event of parents not being contactable)**

|            |                             |                  |
|------------|-----------------------------|------------------|
| Name _____ | Relationship to Pupil _____ | Mobile No. _____ |
| Name _____ | Relationship to Pupil _____ | Mobile No. _____ |
| Name _____ | Relationship to Pupil _____ | Mobile No. _____ |

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 If you know your child will be attending afterschool care in a crèche or collected by a childminder, tick the box as to what days your child will go to crèche/childminder. Please make the teacher aware of any changes.

Name of Creche (afterschool care) _____ Phone No. _____

MON		TUES		WED		THURS		FRI	
-----	--	------	--	-----	--	-------	--	-----	--

Name of child-minder _____ Mobile No: _____

MON		TUES		WED		THURS		FRI	
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**Section 3: Medical & Developmental Information.**

Medical Information (please provide full details of any medical conditions e.g. asthma, eyesight, hearing, allergies etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication *(If applicable)* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Tel Number \_\_\_\_\_

Is your child under the care of:

- |    |                                                                      |         |        |
|----|----------------------------------------------------------------------|---------|--------|
| 1. | A speech and language therapist?                                     | Yes { } | No { } |
| 2. | An occupational therapist?                                           | Yes { } | No { } |
| 3. | A paediatric consultant?                                             | Yes { } | No { } |
| 4. | Any other medical profession?                                        | Yes { } | No { } |
| 5. | Has this pupil a report / assessment from an Education Psychologist? | Yes { } | No { } |

*(If yes, please supply full details)*

If your child has been in receipt of any interventions such as Speech & Language Therapy, Occupational Therapy, Physiotherapy or Psychological assessment, please let the school have any relevant details of this and furnish any reports that might help the school assist your child in their transition to their new school.

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### **Section 4: Parental Consent**

As of 2024, there is a legal obligation on schools to provide certain personal information on the child and parent/guardian to allow the HSE offer their School Health Programme (eyesight and hearing screening, dental check-up). You will have the choice to consent or not to your child taking part in the services offered by the programme. Contact the school if you wish to receive details of this.

Do you give permission for your child to be taken to hospital in case of emergency if we cannot contact you?

YES { } NO { }

Do you give permission for your child's picture (without name attached) to be displayed in the school, used in local papers, on our school website in accordance with our Internet Acceptable Use Policy? *(Excluding individual children from photos take time and effort so please only tick "No" if this is a consistent policy in your family and your child's picture isn't seen in print and online with sports clubs and other events).*

YES { } NO { }

Do you give permission for Scoil Asicus Naofa to use Aladdin Schools' Database to store pupil information explained above and to communicate with parents/guardians via the Aladdin Connect app?

YES { } NO { }

Our Special Education Teaching team occasionally undertake diagnostic testing on children (e.g. dyslexia screening) during their time in Strandhill NS. Do you give permission for your child to be part of this?

YES { } NO { }

## **Section 4: Code of Behaviour & Signature**

A copy of the school Code of Behaviour is enclosed with this form. Enrolment requires parents/guardians undertaking to support the Code of Behaviour. Having read this policy, please sign below.

Signature parent/guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature parent/guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Section 5: Community Links**

We seek to build links with the wider community and sometimes have parents visit the school to talk about their occupation or area of expertise. We have had postal workers, horticulturalists, doctors and farmers visit classes in the past. If you would like to share this information with us, please do so below. Note that this is strictly optional and is not related to your child's application.

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

Occupation / Area of interest: \_\_\_\_\_

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### **IMPORTANT**

- Where parents have separate contact details, we will endeavour to communicate with both parents if specifically requested. Please ensure we have both addresses, phone numbers and email addresses.
- We ask that parents make the school aware as soon as possible of any family situations such as bereavement or separation that could impact on your child so we can support them however possible.
- Please note that the school must be made aware of any court order which affects the child's welfare and also the name(s) of any person(s) into whose custody the child should not be given.

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### **Checklist:**

- Form is fully completed including PPSN No.
- All relevant reports & assessments on my child included
- Copy of baptism cert included for sacraments where applicable
- Code of Behaviour has been read and approved.
- Permission given to store data on Aladdin.
- Proof of Address (utility bill) supplied for new families

### **If transferring from another school only:**

- Are previous school reports enclosed? Yes { } No { }

Having completed this form please forward it to the school by post or email ([applications@strandhillnationalschool.ie](mailto:applications@strandhillnationalschool.ie))