

Scoil Eoin Naofa, Ballyclough.
Application for Admission of New Pupils.

Name of Child; _____ Beginning School Sept. 20 _____

Date of Birth; _____ Religious Denomination; _____

Father's Name; _____ Occupation (For School Records) _____

Mother's Name _____ Occupation; _____

Names that you wish to appear on postal correspondence; _____

Home address; _____

Telephone Numbers; Home; _____

Mother's Work Tel. No. _____ Mobile _____ Email _____

Father's work Tel. No. _____ Mobile _____ Email _____

Other Contact Tel Numbers;

Name; _____ Tel. No. _____ Mobile _____

Name; _____ Tel. No. _____ Mobile _____

Any Previous School Attended; _____

Irish version of child's Name;

Christian Name _____ Surname _____

(If not known, school will translate)

Do you give permission for your child to take part in the "Stay Safe Programme"?

From time to time the school may need to take photos or video clips of your child for projects and publicity purposes (which may appear in local newspapers). Please sign.

I /We _____ give permission.

Or

I /We _____ do not give permission.

I _____ give permission for my child _____ to attend school trips i.e. visits to library, church, swimming pool, school tours and nature walks. You will be informed of these events before they happen. If you do not wish your child to attend a particular event, please let the teacher know in writing at the time.

Confidential.

Child's Name; _____ PPS No. _____
(We need a PPS number for each child in
the school)

Arrangements to be made if your child is ill in school;

Family Doctor; _____ Tel. No. _____

Do you give permission to take the child straight to hospital in case of serious illness or accident if a relative cannot be contacted immediately? _____

Do you give permission for your child to have the necessary treatment that a doctor would recommend.?

Do you give permission to the teaching staff to clean, and put a plaster on minor cuts / bruises?

What medication is the child allergic to; _____

List any known health problems; _____

List any medication she/he is on presently: _____

When did your child have the last tetanus injection? _____

Any other useful information;

For instance, list any problems the child may have in relation to health (allergies) epilepsy, asthma, sight, hearing, speech, fainting etc.) Toilet training, inability to cope with buttons, laces etc. _____

Please list the names of the people who will collect your child from school etc

We can not hand over your child to a person whose name is not on the above list without prior notice.

The school should be made aware of any court order which affects the child's welfare and also the name of any person into whose custody the child should not be given

We will co-operate with the staff and support the ethos of the school.

Acceptance of a place in the school implies acceptance of the school Code of Behaviour and Anti-Bullying Policy.

Signed; _____ **(Parent / Guardian)**

Date; _____

Pre-School Profile

Child's Name; _____

Please put an X in the box which best describes your child.

Question	Always	Usually	Sometimes	Seldom	Never
Is your child shy when they meet unfamiliar children or adults?					
Does your child play well with other children?					
Does he/she share belongings?					
Is the child independent of parents?					
Is he / she easily upset?					
Does his /her attention jump quickly from one thing to another?					
Does he/she accept changes in routine easily without undue stress?					
Can he/she dress and undress?					
Can he/she go to the toilet by themselves?					
Has he/she good body co-ordination (hop, skip, jump, climb)					
Can he/she use a scissors under supervision?					
Can he/she play with play dough?					
Can he/she do simple jigsaws?					
Does he/she like to draw pictures?					
Does he/she know the primary colours?					
Does he/she speak clearly?					
Does he/she use good sentences in normal conversation?					
Does he/she like to listen to stories?					
Can he/she talk about what he/she has seen or heard?					
Does he/she enjoy reciting nursery rhymes?					

Signed; _____

Date; _____

(Parents / Guardians)