

Name of previous school attended _____

Address of previous school _____

Telephone No. of school. _____ Email of school _____

Does your child have any allergies? Yes No *If yes please give details below*

Is your child on any long term medication? Yes No *If yes please give details below*

Has your child been referred to an outside agency? Yes No

(e.g. speech therapist, social worker, psychologist)

If yes please give details below

Please give details of any condition and or situation which might be considered to be important and relevant for your child's participation in school.

	<i>Please read each statement carefully and tick yes or no as appropriate.</i>	Yes	No
1	I agree to support all school policies, in particular the Code of Behaviour and the anti-bullying policies.		
2	My child may participate in the Stay Safe programme (child abuse prevention programme), Walk Tall programme (substance misuse prevention programme, Relationships and Sexuality programme (R.S.E.), Be Safe (National Safety Council). These programmes form part of the Social Personal and Health Education curriculum (S.P.H.E.)		
3	I agree to my child being included in school photographs/videos which may appear around the school premises, in the media and/or on the school website in which no identifying information shall be supplied e.g. names		
4	My child may use email and go on line for educational purposes, subject to the acceptable use policy of the school.		
5	My child may participate in short walks, simple field trips and trails around the school and local area under the supervision of a teacher.		
6	In case of a medical emergency, I give permission for my child to be taken to hospital by ambulance, if such action is required.		
7	In the event of my child transferring to another school, I consent to the forwarding of all school reports and other relevant reports / information to my child's new school.		

Signed: _____ Date: _____

Name of Child: _____

If you require further information on any of the above issues, please contact the principal or home/school teacher.

No application will be accepted without items 1 & 2.

Tick if provided

- 1. Evidence of PPS no. – it can be found on your child’s medical card
- 2. Evidence of age: Birth certificate or passport.

We ask to see these documents so that we can verify the accuracy of the pps no. or date of birth in the event of the Dept of Ed and Skills querying any details

- 3. Utility Bill (proof of address)

Age Criteria

A child must be 4years of age or older on 1st September of the year they wish to enrol in Junior Infants.

We will only use the information you have provided for the purposes stated on the form. If we need to use it for any other reason we will seek your permission.

I declare that the information provide by me is true and that I will inform the school of any change in relevant medical or contact details.

Signed: (Parent/Guardian) _____ Date: _____

- Applications will be accepted throughout the week beginning 3rd February 2020.
- Parents are asked to come to the hall on any morning of that week between 9.10am and 10.00am.
- Parents will be notified by 28th February if their application has been successful.

<u>For School Use:</u>	
In Catchment area:	Yes / No
Within age criteria:	Yes / No
Further information needed:	Yes / No