



Emergency contact (1) name and phone number \_\_\_\_\_

Emergency contact (2) name and phone number \_\_\_\_\_

This person's relationship to the child \_\_\_\_\_

*(In case the school needs to make urgent contact with parents/guardians and is unable to do so.)*

*Contact phone numbers and addresses are used primarily to facilitate communication with school and home but are also shared with outside agencies such as Tusla or the HSE as required under the Children First Act 2015 or to facilitate health screening and vaccinations which are facilitated through school.*

**In the event that your child is offered a place please indicate below your preference for morning or afternoon. Please understand that we will not be able to accommodate everyone in the morning slot.**

Morning

Afternoon

Is there a reason for choosing this option?

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Please tick the boxes that apply to your family situation.

Unemployment Yes  No

Prolonged illness of a parent Yes  No

Single Parent/Widow Yes  No

Large family with inadequate means Yes  No

Child is on long term medication Yes  No

*If yes please give details below*

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Is your child toilet-trained Yes  No

Does your child have any allergies? Yes  No

*If yes please give details below*

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Siblings attend Scoil Nano Nagle Yes  No

**Parents are past pupils of Scoil Nano Nagle**

Yes  No

**Parent's Education attainment**

Primary

Junior Cert

Leaving Cert

3<sup>rd</sup> Level

**If there is any additional information about your child and his/her development that you wish to share with Scoil Nano Nagle, please add here.**

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**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>Please read each statement carefully and tick yes or no as appropriate.</i>	Yes	No
1	I accept and agree to support all school policies, in particular the Code of Behaviour and the anti-bullying policies. (available on www.scoilnannagle.com)		
2	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/twitter account in which no identifying information shall be supplied e.g., names		
3	My child may go online for educational purposes, subject to the acceptable use policy of the school, and under the supervision of a member of staff.		
4	The school uses Class Dojo as its online learning platform to support class work. I agree to my child's name being added to the school's Class Dojo directory. I understand that I will be given the opportunity to connect to this platform once my child is enrolled. Occasionally my child's work and picture may be displayed on their class's own Class Dojo.		
5	My child may participate in short walks, simple field trips and trails around the school and local area under the supervision of a member of staff.		
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.		
8.	The school is a health promoting school. Healthy school lunches are provided to each child. If I decide to provide lunch for my own child, it must fully comply with the school's Healthy Eating Policy.		

**Declaration: I declare that the information is true and that I will inform the school of any changes to relevant medical or contact details. I accept the “Parent Declarations” as set out above.**

Signature Parent/Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Parent/Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

**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)

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