

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



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

Date Received by School:

## APPLICATION FOR ADMISSION OF NEW PUPILS: YEAR 2024

Please complete this form in CAPITAL LETTERS and forward it to the school by post or email.

This form will be retained by the school, including on *Aladdin* our online database, & all information treated confidentially.

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

### Section 1: Pupil Information.

\*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 where applicable \_\_\_\_\_

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

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

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 and we will forward a copy of our Religion Policy setting out provision for religious education and children who do not participate. { }

I wish for my child to:

Join 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 \_\_\_\_\_

Address (*write 'same' if living with pupil*) \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Work No. \_\_\_\_\_

**Parent/Guardian 2:** First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address (*write 'same' if living with pupil*) \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Work No. \_\_\_\_\_

Scoil Asicus uses the Aladdin Connect app and Email to send parents newsletters and most general correspondence. Each teacher has a school email address for class related communication. Please ensure the email accounts listed above are active and checked on a regular basis.

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 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	
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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)

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

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 and Twitter account in accordance with our Internet Acceptable Use Policy?  
YES { } NO { }

Do you give permission to sharing information with other state agencies e.g. H.S.E., who require it?  
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 { }

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.

### **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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## **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.
- Relevant reports & assessments on my child included
- Copy of baptism cert included for sacraments where applicable
- Code of Behaviour has been read and approved.
- Proof of Address (utility bill) supplied for new families

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

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