***St. Kieran’s N.S.***

***Broughall, Kilcormac, Co.Offaly.***

**Application for Admission 2024 /2025**

**Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child.**

1. Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female: \_\_\_\_\_\_\_\_\_\_\_
2. Surname in Irish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Home Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Child’s P.P.S. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please forward a copy of Baptismal Certificate if child was baptised outside the parish.***

1. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 1st Contact person if parent not available: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Contact person if parent is not available: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. We operate a “Text a Parent” system for informing parents about school related activities, school closures etc. Please indicate the mobile number that you wish to have school related text messages sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name and address of pre-school or previous school attended:

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1. Phone no. of previous school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I give my permission to Ms. Dunne (Principal) to discuss the needs of my son/daughter with the manager of the pre-school/school listed above.

**Yes\_\_\_\_ No\_\_\_\_\_**

1. Name and phone no. of family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has your child ever been referred to a specialist by your doctor? Yes\_\_\_ No\_\_\_

If yes, please give brief details for referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Has your child any allergies? **Yes\_\_\_\_ No\_\_\_\_**

If yes, please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Does your child appear to have any difficulties with the following?

 Hearing: **Yes\_\_ No\_\_\_** Speech: **Yes\_\_ No\_\_\_** Vision: **Yes\_\_ No\_\_**

If you have answered yes to any/all of the above please give details.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Has your child ever had any type of assessment: **Yes\_\_\_ No\_\_\_**

If yes, please give details: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please forward a copy of all assessments relating to your child’s development and/or needs.***

19. Do you give permission for your child to go on school trips under teacher supervision during the school day e.g. trips to the local historical sites, etc.?

 **Yes\_\_\_ No\_\_\_**

20. Sometimes journalists visit our school to take pictures of the children, e.g. awards, sporting events etc. Do you give permission for your child to be photographed for school projects, local newspapers and school related activities? **Yes\_\_\_ No\_\_\_**

21. In order to enable the children of this school to become IT literate, learning opportunities are offered using the school’s IT equipment and internet resources. Internet sessions are always supervised by teachers and we have extensive filtering software in place which minimises the risk of exposure to inappropriate material.

Do you consent to your child using the internet in a supervised capacity?

 **Yes\_\_\_ No\_\_\_\_**

22. Do you consent to having photographs of your child and/or their schoolwork published on the school website?

 **Yes\_\_\_ No\_\_\_**

23. Do you consent to having photographs of your child and/or their schoolwork published on the school facebook page?

 **Yes\_\_\_ No\_\_\_**

24. Sometimes the school is requested to pass on names of children, their addresses and dates of birth to the following bodies:

* The HSE for immunisation purposes
* Secondary schools when children are transferring to second level.
* Sporting bodies where children are taking part in games outside the school.

25. Do you give permission to the school to pass on this information to these three bodies? **Yes\_\_\_ No\_\_\_\_**

26. The school teaches Relationships and Sexuality Education (RSE) using the guidelines provided by Department of Education and Science. Do you consent to your child participating in RSE lessons in class? **Yes\_\_\_ No\_\_\_**

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

If you have any queries on any of the above questions, do not hesitate to ask for clarification.

If any of the details in this form change, e.g., if you move house, change your phone number etc. please inform the school at the earliest opportunity.