



Full School Admissions Form

(Please complete in **BLOCK CAPITALS**)

Note: Completion of this form does not guarantee your child a place in the school.

1. CHILD'S DETAILS

Family Name: _____ **First Name:** _____

Address: _____

_____ **Eircode:** _____

Gender: **M** **F** **Date of Birth:** _____

Child's PPS Number: _____

Nationality: _____

If this child was born outside Ireland, please give the following details:

Year of arrival in Ireland: _____

Previous Education: _____

Level of English: _____

Is English the spoken language in the home? **Y** **N**

If not then please state what language is spoken: _____

Siblings currently or previously in Glenbeg:

Name: _____ **Class:** _____

Name: _____ **Class:** _____

Name: _____ **Class:** _____

Religion: _____

(If Roman Catholic please give the following details for sacramental programmes)

Date of Baptism: _____

Name & Address Parish of Baptism: _____

_____ **Copy of Baptismal Cert Attached:** **Y** **N**

2. FAMILY DETAILS

No. of children in family: _____ Position of child in family: _____

Father's/Guardian's Name & Mobile No: _____

Father's Occupation & Work No: _____

Mother's/Guardian's Name & Mobile No: _____

Mother's Occupation & Work No: _____

Names & Contact Details of all other legal guardians: _____

Mobile Number school texts are to be sent to: _____

E-mail address for school correspondence (online payments, newsletters and other school notices: _____

Parents Marital Status: _____

Enter Married, Single, Separated, Widowed etc.

Is the child living with both parents? Y N

Detail of any legal orders affecting family: _____

Was either Parent a past pupil of this school? Y N

If YES please give name: _____

In the event of an emergency and both mother and father are out of telephone contact, either of the following can be contacted:

Name: _____

Name: _____

Tel. No: _____

Tel. No: _____

Address: _____

Address: _____

Relationship to child: _____

Relationship to child: _____

****If you change your mobile number during the school year, please inform us immediately as it is vital to keep records up to date in case of an emergency.***

3. **HEALTH**

Family Doctor: _____ Phone No: _____

Please give details of any health problems or allergies that the school should be aware of:

Please give details of hearing or sight defects: _____

Please give details of any speech or language difficulties: _____

Details of any medication prescribed for this child: _____

Does your child have any special needs: Y N

If Yes please give details: _____

Does your child have any behavioural difficulties: Y N

If Yes please give details: _____

If this child has attended any of the following please circle the relevant answer.

Speech Therapist: Y N Psychologist: Y N

Social Worker: Y N Occupational Therapist: Y N

Details of any other agency attended by the child: _____

If there are written reports in relation to any of the above please provide the school with a copy.

4. **EDUCATION**

Please complete this section of the form where applicable with the Principal of your child's school. Our school will contact your child's previous school to ensure details are accurate. If transferring from another school a recent school report and attendance record are required.

Attended Pre-school: Y N

Name and Address of Pre-School attended: _____

Name and Address of Previous Primary School: _____

Phone No. of School: _____

Principal's Name: _____

Reason for leaving this school: _____

Is your child in receipt of any of the following services:

- | | | |
|------------------------------------|---|---|
| • Learning Support: | Y | N |
| • English Language Support: | Y | N |
| • Resource Teaching | Y | N |
| • Special Needs Assistant Support: | Y | N |

If you have answered Yes to any of the above please give details of support:

Any other educational needs the school should be aware of: _____

Have you enclosed a copy of the most recent school report and attendance record? Y N

Please ensure this section has been stamped by the school and signed by the Principal.

School stamp:

Principal's Signature: _____

5. CONSENTS

Policies have been emailed to the email address you provided. For school records please confirm that you have received this email by clicking on the link button at the end of the email.

- I/we consent that my child may receive any necessary medical care from a staff member, doctor, ambulance crew, hospital etc. in the event of an accident or illness occurring where the school is unable to contact parents/guardians: Y N
- I/we consent to my child's clothes being changed by school staff if they become soiled or wet: Y N

- I/we consent to my child going on supervised school outings such as sports events, Parish church, school tours etc.: Y N
- I/we consent to allow my child's photograph/image (excluding name) to be included in school Twitter page, school website, newspapers, local/national media and all school-related activities, competitions etc: Y N
- I/we consent to in-school educational screening tests for my/our child eg. Belfield, Mist, NRIT, Drumcondra Reading Intelligence Test, Sigma-T. Y N
- I/we understand and confirm that I/we are aware that the school uses a secure Irish cloud-based management/pupil information system, called Aladdin Schools, to administer information relating to pupil data (eg. Contact details, attendance) and that in making this application I/we are consenting to its usage. Further information can be found at www.aladdin.ie Y N
- I/we, the undersigned, confirm that I/we are aware that the data relating to this application will be kept on file in the school and consent to it being used by School Management in the election of Parents/Guardians to the school Board of Management. Y N
- I/we understand & consent that the data on this form will be uploaded to the Dept. of Education and Skills Primary Online Database (POD) for pupils. Y N

****Please Note**** There are two optional fields of data on POD. As these are considered sensitive personal information under the Data Protection Acts, they can only be recorded on POD with the explicit written consent of the pupil's parent(s) or guardian(s). The fields are as follows:

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories based on the Census of Population)

White Irish	Irish Traveller	Roma
Any other White Background	Black or Black Irish – African	
Black or Black Irish - Any Other Black Background		
Asian or Asian Irish – Chinese		
Asian or Asian Irish - Any Other Asian Background		
Other (incl. Mixed Background)		

No consent

What is your child's religion?

Roman Catholic	Church of Ireland (Anglican)	Presbyterian
Methodist, Wesleyan	Jewish	Muslim (Islamic)
Orthodox (Greek, Coptic, Russian)	Apostolic or Pentecostal	Hindu
Buddhist	Jehovah's Witness	Lutheran
Atheist	Baptist	Agnostic
Protestant	Evangelical	
Other Religions	Christian Religion (not further defined)	
No Religion		

No Consent

• I/we are also aware & consent that the data relating to this application and subsequent educational data relating to this data subject may be disclosed, as appropriate/required, to: Y N

- The Department of Education and Skills
- The Health Service Executive
- First and second level transfer schools.

• I/we are also aware & understand that it is a condition of enrolment to Glenbeg NS that all parents read, agree and ensure that our child/children adhere to the Code of Behaviour of Glenbeg NS. Y N

• I/we have read and understood the above consents. I/we wish to enrol my/our child in Glenbeg NS, Dungarvan, Co. Waterford. I/we undertake to see that my/our child will attend school punctually and regularly. I/we have received and understood the school's information booklet and I/we undertake that I/we and my/our child will comply with all school rules and policies. Y N

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Please ensure you have completed all sections of the application form and attach a copy of your child's birth certificate and a utility bill as proof of address.

Incomplete applications will not be considered.

FOR OFFICE USE ONLY

Date application received: _____	Transfer
<i>from another school</i>	
Date of reply: _____	Name of
school: _____	
Place offered: Y N	Address:
