

PLEASE
ATTACH A PASSPORT
PHOTO
Digital Photo
Accepted

APPLICATION FOR ENROLMENT 2021/2022
COOSAN NATIONAL SCHOOL

Any information you give on this form will be treated with the strictest confidence and only used to evaluate your child's needs prior to enrolment. Filling in this application form does not guarantee a place in our School. Your application will not be accepted unless you enclose your child's original Birth Certificate. **CLOSING DATE: 26th February 2021 at 3pm.**
FAILURE TO DISCLOSE ALL RELEVANT INFORMATION MAY RENDER THIS APPLICATION NULL AND VOID

USE BLOCK CAPITALS PLEASE

1. Name of child as on Birth Certificate: _____ Male/Female: _____
2. P.P.S. No. _____ (The P.P.S. number is required by the Department of Education & Skills for registration purposes).
3. Nationality of Child _____ Country of Birth _____
4. Mother's maiden surname: _____
5. Home Address including Eircode: _____

(*Please attach copy of 2 Utility Bills to confirm home address, within 3 months of issue)

5. Name and standard of siblings already in the school: _____

6. Number of children in the family: _____
7. Placing of child (1st, 2nd etc.): _____
8. (a) Parent(s)/Guardian(s): The following information on both parents is needed for registration purposes.

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Nationality: _____	Nationality: _____
Mobile No: _____	Mobile No: _____
Email: _____	Email: _____

- Language/s spoken at home: _____
- Date of arrival in Ireland: (if applicable) _____

- (b) With whom does the child normally reside: Name/s: _____
- (c) Is the family a one-parent family (this includes one parent, separated and widowed families)? _____

9. Date of Birth: _____ *PLEASE ATTACH ORIGINAL BIRTH CERTIFICATE

10. Religion: _____ Place of Baptism (If applicable): _____

** ATTACH COPY OF BAPTISMAL CERTIFICATE if child is baptised outside the parish.
(This is used for First Holy Communion purposes .It is not used as criteria for enrolment.)*

11. Name and address of pre-school or previous school attended: _____

12. Phone no. of previous pre-school/school: _____

I give permission to Mr. Tom Flahive (Principal) and relevant members of staff of Coosan National School to discuss the needs of my son/daughter, with the Manager/Principal of the pre-school/school listed above.

Yes	No
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13. Name and phone no. of Family Doctor: _____

14. Has your child any special medical needs i.e. allergies, asthma, etc.:

Yes	No
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If yes, please give brief details:

15. Has your child ever been referred to a specialist by your doctor?

Yes	No
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If yes, please give brief details of referral:

16. Does your child appear to have any difficulties with the following:

Hearing:	<table border="1"><tr><td>Yes</td></tr><tr><td>No</td></tr></table>	Yes	No	Speech:	<table border="1"><tr><td>Yes</td></tr><tr><td>No</td></tr></table>	Yes	No	Vision:	<table border="1"><tr><td>Yes</td></tr><tr><td>No</td></tr></table>	Yes	No
Yes											
No											
Yes											
No											
Yes											
No											

If you have answered yes to any/all of the above please give details (use the back of this sheet if necessary)

17. Has your child been assessed or referred for psychological assessment i.e. behaviour, emotional etc.?

If yes, please attach all relevant details and reports.

Yes	No
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18. Has your child any special educational requirements i.e., Speech Therapy, Occupational Therapy etc.?

 Yes No

If yes, please give brief details:

19. Is there any other information you would like us to know:

Coosan National School
Emergency Numbers

We make every effort to ensure the safety of your child; we may need to contact you in the event of an accident or an expected closing. Please fill in the following information, to enable us to update our records should we need to contact you during the school day.

TEXTAPARENT:

Coosan Nation School contacts parents/guardians of our pupils by text message. Please write your preferred number for receiving text messages here.

Child's Name: _____

Child's Class: _____

Address:

Mother's/Guardian's Contact No _____

Father's Contact/Guardian's Contact No: _____

1. Emergency Contact No:	2. Emergency Contact No:
Relationship of Contact to child:	Relationship of Contact to child:

- **Should these number change while your child is attending this school please inform us immediately.**

Permission Slips

Educational Screening Tests

During your child's time in Coosan National School he/she will undergo various Educational Screening Tests. Your child may also be withdrawn from class for assessment, to access extra support and/or participate in in-class support with a member of the SEN Team.

Should my child require educational screening testing during his/her time in Coosan National School, I give permission for these tests to be carried out.

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian

Discipline

I undertake to support, co-operate and carry out Coosan National Schools Discipline and Behaviour Policy in the interest and welfare of the whole school community. My child will wear the full school uniform.

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian

Photographs of Students

Sometimes journalists visit our school to take pictures/videos of the children e.g. awards/prizes, sporting events, first day at school etc. Please visit our school website www.coosannationalschool.ie. In the case of website photos, student names will appear on the website as a caption to the picture. The Board of Management cannot be held responsible for pictures/video taken by parents/guardians at outings, celebrations, school performances etc.

Consent: If you are happy to have your child's photograph taken as part of school activities and included in all such records, tick here.

Signed: _____ Date: _____
Parent/Guardian

Stay Safe Programme / RSE Programme

I understand the participation in the Stay Safe Programme is compulsory and accept my child's participation in the Stay Safe / RSE Programme:

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian

Information Sharing

Sometimes the school is requested to pass on names of children and their addresses to the Health Board for immunisation purposes; to schools when children are transferring to another school; to sporting bodies when children are taking part in games outside the school. Information data is also stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills. If you allow the school to pass on this information to these bodies, please tick.

Signed: _____ Date: _____
Parent/Guardian

School Outings

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 town park, local historical buildings etc.

Yes No

Signed: _____ Date: _____
Parent/Guardian

In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies. I agree to support the staff in their effort to provide a positive learning experience for all children in the school.

1st Parent/Guardian's signature: _____

2nd Parent/Guardian's signature: _____

IF ANY OF THE DETAILS IN THIS FORM CHANGE – FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.

Signature of parent/guardian: _____
Date of application: _____

***PLEASE DON'T FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS.**

Go raibh maith agat/agaibh.