

Start date: \_\_\_\_\_ (office use only)



## Scoil Eoin Application Form

Thank you for providing the information requested in this form. All forms must be completed in full in **BLOCK LETTERS** and returned to the school, along with a copy of his **Birth Certificate** & **Baptismal Certificate** (if applicable). Completion of this form does not guarantee your child a place in the school.

***If you change your mobile number or email address during the school year please a) inform the main office on 021 4871321 & b) update his homework journal immediately as it is vital to keep records up to date in case of an emergency.***

The information supplied will be treated as private and confidential and will be released to staff members on a need-to-know basis only. Please note that if your child enrolls in the school, we are required to enter his information details on to the Department of Education and Skills' Primary Online Database (POD). Information regarding POD may be found on [www.education.ie](http://www.education.ie)

<b>Students Name</b> (in full, as on Birth Certificate):	
Address:	
Proof of address is required e.g. ESB / Telephone bill	
Home Telephone Number	
Date of Birth	
PPS number	
Nationality	
Religious Denomination	
Country of Birth	
If not born in Ireland, date on which child arrived in Ireland	
Is your child enrolled in any other school? if yes where?	
<b>Mother's Name</b>	
Mother's Nationality	
Mother's Mobile Telephone Number	
Mother's email address	
<b>Father's Name</b>	
Father's Nationality	
Father's Mobile Telephone Number	
Father's email address	
<b>Guardian's Name &amp; Mobile Phone Number</b>	

Is the child living with both parents		
Position of child in family (1st, 2nd, 3rd, etc)		
Number of children in the family		
If your child was baptised please state where? and date of baptism		
Did your child attend preschool? If yes, where and for how long?		
At what age did your child begin to speak and does he speak well?		
Has your child ever had a psychological assessment? If yes, please attach a copy.		
Has your child ever received a speech and language report? If yes, <b>please attach a copy.</b>		
Name(s) of brother(s) in this school & class		
<b>People who have permission to collect your child from school.</b> If there is any change in this routine <b>please inform the school in writing.</b>		
<b>Name</b>	<b>Address</b>	<b>Mobile Phone Number</b>
1.		
2.		
3.		
<b>If your child gets sick, or the school has to close unexpectedly</b> , and there is no one at home & the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.		
<b>Name</b>	<b>Address</b>	<b>Mobile Phone Number</b>
1.		
2.		
<b>Medical Emergency/Accident</b> That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.  I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises. <b>Signed (Parent/Guardian:</b>		
Family Doctor Name & Telephone Number ( <i>optional</i> )		
Has your child any specific medical condition (e.g. asthma, eyesight, hearing etc.)		
Has your child any physical / emotional / or other difficulties which may affect your child at school? If so are there any specific equipment/resources that the school will require for your child?		
It is the responsibility of parent(s)/guardian(s) to notify the school of any <b>food allergies</b> .  Does your child have an allergic reaction to medication or food?		

<b>Parents Permission</b>	<b>Yes</b> (please tick)	<b>No</b> (please tick)
Screening Tests are carried out in the school on all children from Infants to 6 <sup>th</sup> Class. I allow my child to do these tests.		
During your child's time in Scoil Eoin, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.		
I give permission to allow my child to attend the Learning Support/Resource teacher if deemed necessary.		
I give permission to allow my child's photograph/image to be included in school-related activities, competitions etc.		
I give permission to allow details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist) etc.		

I acknowledge that I have read and accepted the following policies which are on our website: Code of Discipline, Internet Use Policy and Healthy Eating Policy of Scoil Eoin. Having discussed and explained same with my child I agree to abide by same.

I declare the above information to be correct and understand that it will be treated as confidential.

**Parent' s Signature:** \_\_\_\_\_

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

**To be completed if your child is transferring from another Primary School**

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

What class was your child in when he left the school? \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We require reports from previous schools in order to meet the needs of your child.

Have you enclosed a copy of the most recent school report? Yes ☐ No ☐