

# *Scoil Naomh Pádraig*

Church Road  
Carndonagh  
Co. Donegal,  
F93 T935.

Principal: Mrs Anne McLaughlin

Roll No. 18605K

Tel: 074 9374136 / 086 1839867

Email: stpatsboyscarn@gmail.com Website: www.carnboyschool.ie

## ***Application for Admission***

### **Family Information**

Pupil's Name \_\_\_\_\_

Pupil's Address \_\_\_\_\_

D.O.B. \_\_\_\_\_ Pupil's PPS No \_\_\_\_\_

(Please enclose/attach copy of birth certificate. Original document will be returned by the school)

Nationality of child \_\_\_\_\_ Nationality of parents/guardians \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

### **Contact Details:**

Telephone No Home \_\_\_\_\_

Mobile (Mother) \_\_\_\_\_ Mobile (Father) \_\_\_\_\_

Mobile No. to be used for school web text service: \_\_\_\_\_

E-mail address for school correspondence: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Mobile No: \_\_\_\_\_ Relationship to pupil) \_\_\_\_\_

Please state name of any other brothers/sisters in the school.

\_\_\_\_\_

Marital status of parents: married  single  separated  partner  civil partnership

If any correspondence from the school e.g. newsletters, school reports etc should be sent to a second parent/guardian at a different address please fill in/advise school secretary.

Name \_\_\_\_\_ Tel No \_\_\_\_\_

Address \_\_\_\_\_

e-mail address: \_\_\_\_\_

Does any legal order under Family Law exist, that the school should know about?

Yes  No

If yes please advise or contact the principal

Name of pre-school attended: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Name of G.P. \_\_\_\_\_ Tel No \_\_\_\_\_

Medical Card Holder? Yes  No  Date of last tetanus /booster injection \_\_\_\_\_

**Please inform the school on any /all medical conditions (asthma, diabetes, allergies etc).  
Please give all relevant information to the school if treatment is currently being received.**

Has your child ever attended or been referred to: Psychologist  CAMHS   
Speech & Language Therapist  Hearing /Eye Specialist

If so, please give brief details and forward relevant reports: \_\_\_\_\_

Is there any other health information that the school should know about? Yes  No   
**If yes please give details.**

Do you consent to this information being given to your child's class teacher? Yes  No

I hereby give consent for my child to leave school either on foot or by transport to attend out-of-school activities at e.g. the library, cinema, theatre, swimming, sporting events etc. I understand that there will be appropriate supervision provided, but that in the case of an incident arising from an accident, neither the teacher nor the school will be liable. I also give my consent for the teacher in charge to act in *loco parentis* i.e. to give consent regarding medical decisions in the case of an emergency.

I give consent for my child's photo to be taken or recordings made of him at school events/activities. I understand that recordings and photos may be published but my child's personal details will not accompany these photos/recordings.

I give consent for my child to receive additional teaching support in class or out of class in a small group, when this is considered beneficial for his/her learning.

Signed \_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_