



## Application for Enrolment at Aghamore NS.

Telephone: 094 9367597. e-mail: aghamorens.ias@gmail.com

Clar Uimhir: \_\_\_\_\_ (allocated by school)

**Child's Surname:** \_\_\_\_\_ **Child's First Name:** \_\_\_\_\_

(As on birth certificate)

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

Eircode: \_\_\_\_\_ PPSN No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date & Place of Baptism: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish in which the child resides: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If not born in Ireland, date on which child arrived in Ireland: \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

### Parents' Contact Information.

**Mother's Name:** \_\_\_\_\_ **Present employment:** \_\_\_\_\_

Mobile No: \_\_\_\_\_ Work telephone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Present employment:** \_\_\_\_\_

Mobile No: \_\_\_\_\_ Work telephone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is the child living with both parents? \_\_\_\_\_.

Does any legal order under family law exist that the school should know about?

Yes ☐

No ☐

### **Child & Sibling Information:**

Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) \_\_\_\_\_ Number of children in the family \_\_\_\_\_

Did your child attend preschool? \_\_\_\_\_ for how long? \_\_\_\_\_

Where? \_\_\_\_\_

The class into which your child is entering: \_\_\_\_\_

Brothers/sisters in this school? Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Previous School Attended (if any): \_\_\_\_\_

Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_

### **Other Contact Numbers:**

Please give names, and phone numbers of the people who have permission to collect your child from school and can be contacted in case of emergency if parents are not available.

Name	Relationship to child	Telephone Number.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**N.B.** School must have an available contact person each day your child is in school.

If any contact numbers change please inform us immediately as it is vital to keep records up to date in case of an emergency.

\* In the case of emergency school closures, parents will be notified via email.

## Medical History

At what age did your child begin to speak? \_\_\_\_\_

Does he/she speak well? \_\_\_\_\_

Has your child ever had a psychological assessment? \_\_\_\_\_

Has your child ever received a speech and language report? \_\_\_\_\_

Has your child ever received an OT report?

**Has your child ever suffered from any of the following?**

### Medical Conditions

- Asthma ☐
- Diabetes ☐
- Eczema ☐
- Coeliac ☐

### Conditions which may affect learning.

Sight Difficulties ☐

Hearing problems (i.e. grommets) ☐

Speech difficulties ☐

Late development  
(i.e. late walker/late talker) ☐

Co-ordination ☐

History of learning difficulties  
in the child's family.  
(i.e. Dyslexia/ADHD/ Dyspraxia/Autism) ☐

Difficulty at birth. ☐  
(Difficult delivery/premature birth/low birth weight)

Other:

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Family Doctor: \_\_\_\_\_ Tel. No \_\_\_\_\_

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

**Optional:**

There is no obligation to complete the following information; however, this information may entitle your child to additional departmental resources through the school.

Medical card holder:

☐

Social Welfare Entitlement:

☐

Note: If there is any other information about your child/family which may be relevant to his/her teacher/school, please include in the space below. The information on this page is only required for professional reasons and will be treated confidentially and with respect.

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N.B. If any of the above information changes we would appreciate if you would let us know.

***N.B. "It is the responsibility of each parent/guardian to ensure that all necessary documentation requested by the school accompanies their application.***

***Incomplete applications cannot be processed."***