



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 (1st, 2nd, 3rd, 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**

Sight Difficulties

- **Diabetes**

Hearing problems (i.e. grommets)

- **Eczema**

Speech difficulties

- **Coeliac**

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

Co-ordination

**History of learning difficulties
in the child's family.**

(i.e. Dyslexia/ADHE/ Dyspraxia/Autism)

Difficulty at birth.

(Difficult delivery/premature birth/low birth weight)

Other:

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.

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.