

Carrigeen NS

www.carrigeenns.com

'Promoting full personal, moral and social development in caring Christian communities of learning and teaching.'



Carrigeen National School, Carrigeen, Co Kilkenny. Tel: 051 895423 Email: carrigeen.scoil@gmail.com

APPLICATION FOR ENROLMENT

Year of Enrolment: _____ Class Placement (Junior Infants / 6th Class): _____

Applicant Details

PLEASE USE BLOCK CAPITALS

Pupil First Name(s):	
Pupil Surname:	
Date of Birth:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Pupil Address:	
Eircode:	
PPSN	
Nationality:	

Parent Guardian Details	1. Mother / Guardian	2. Father / Guardian
First Name:		
Surname:		
Mobile Phone Number:		
Home Phone Number:		
Email:		
Address (if different to pupil's address above):		

Mothers Maiden Surname:	
Language Spoken at home	
Religion (POD purposes only)	
To which ethnic or cultural background group does your child belong (please tick one) (Categories based on the Census of Population) (POD Purposes only)	White Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White Background <input type="checkbox"/> Black or Black Irish - African <input type="checkbox"/> Black or Black Irish - Any other Black Background <input type="checkbox"/> Asian or Asian Irish – Chinese <input type="checkbox"/> Asian or Asian Irish - Any other Asian Background <input type="checkbox"/> Other (inc. mixed background) <input type="checkbox"/>

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	Sibling 1	Sibling 2	Sibling 3
Name of Sibling already in Carrigeen NS			
Class			
Position of Child in family			

Name of Pre-School / previous School	
Address of Pre-school / previous School	
Telephone Number	

Medical History

Name and Address of family Doctor			
Telephone Number of family Doctor			
Has your child ever been referred to a Specialist?	Yes ()	No ()	
If yes please give details			
Has your child any medical conditions or allergies?	Yes ()	No ()	
If yes please give details			
Does your child have any difficulties with the following:	Hearing ()	Speech ()	Vision ()
If yes please give details			
Has your child ever had any type of Assessment?	Yes ()	No ()	
If yes please give details			
Please give details of any other relevant medical issues			

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Please provide additional contacts, should we be unable to contact you in the event of emergency (accident, sickness etc) occurring during school hours.

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to child		
Telephone number		

The following items must accompany your application form:

- A COPY OF BIRTH CERT.
- A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS, IF APPLICABLE.

- The purpose of this Application Form is to register your details for consideration for a place in Carrigeen NS as outlined in the school's Admission Policy.
- I/We understand that it is our responsibility to read the Admission Policy, which is available on the school website www.carrigeenns.com before submitting this form.
- I/We understand the application must be made on this official application form only and within the timeframe as outlined in the Admission Policy.
- I/We understand that by signing this form I/We declare all information contained to be true and accurate.
- I/we agree to our information being gathered by Carrigeen NS in line with Carrigeen NS Data Protection Policy.
- Carrigeen NS will receipt all applications received via email to the email address provided below.
- If you do not receive same within a couple of days, the onus is on you to contact the school.
- The school does not take responsibility for Application Forms not received.

Signatures:

Mother/Guardian: _____

Date: _____

Father/Guardian: _____

Date: _____

Email for Receipt: _____

Office Use Only

Date Rec:

Email receipt Sent:

Entered on POD:

Initial: