 Scoil Náisiúnta An Dea Aoire

Whitehall Road,

 Churchtown, Dublin 14

 01-298 94 75

 01-296 02 67



 **The Good Shepherd National School**

**Application Form for**

**New Pupils**

**Senior Infants to 6th Class**

 **Year**

Completed forms to be returned to the school office (together with copy Birth Certificate)

 **www.goodshepherd.ie**  school@goodshepherd.ie

 **Principal:** Orlaith Veale  principal@goodshepherd.ie Roll No: 19939V

**SECTION A: PERSONAL INFORMATION**

# First Name: \_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

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

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PPS. No: \_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality:\_\_\_\_\_\_\_\_**

**Mother’s maiden name if no PPS number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone No: \_\_\_\_\_\_\_\_\_\_ Religion:\_\_\_\_\_\_\_\_\_\_**

**Proposed date of entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class entering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_ Work No: \_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_ Work No: \_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION B: SCHOOL INFORMATION**

Number of children in family🞎

Position of child 🞎

If you have other children attending this school, please state:

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

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

Is The Good Shepherd N.S. your first choice of school for your child?

Yes🞎 No🞎

Has your child any medical condition/known allergies that the school should be aware of? Yes 🞎 No 🞎

If yes, please state the name of the condition/allergy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C: FOR ENTRY TO CLASSES OTHER THAN JUNIOR**

**INFANTS**

Has your child attended another primary school? Yes🞎 No 🞎

If ‘Yes’ please furnish this school with all relevant school reports BEFORE

your child enrols here:

Name of previous school

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Class in previous school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning Support/Resource? Yes🞎 No 🞎 SNA? Yes🞎 No 🞎

If **‘Yes’** please inform us and send the relevant reports to the Principal.

**SECTION D: LEARNING NEEDS**

1. Does your child have any special educational needs: Yes 🞎 No 🞎

2. Has your child ever been referred to or attended the following agencies/services? – Please mark **X** in the box if Yes**.**

Assessment of need 🞎

Speech therapist 🞎

Occupational therapist 🞎

Psychologist🞎

Lucena Clinic 🞎

Psychiatrist 🞎

Other 🞎

Please outline briefly the reasons for referral/attendance and if applicable the treatment/therapy your child received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you have answered ‘Yes’ to Question 1 in Section D, please make an appointment to see the school Principal **before** your child enrols to discuss your child’s needs and how best we can meet them within available resources.

I confirm that all details given above are correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

**All information given will be treated confidentially.**