**Application Form for**

**New Pupils**

**Junior Infants to 6th Class**

 **Year**

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

**SECTION A: PERSONAL INFORMATION**

**Child’s First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_**

**Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_**

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

**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:🞎

**SECTION C: PRE SCHOOL INFORMATION:**

Has your child attended a Pre- School / Montessori or ECCE setting? Yes:🞎 No:🞎

If ‘Yes’ please furnish the school with all relevant details (and reports if applicable) **BEFORE** your child enrols here:

Name of Pre- School/ Montessori:

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

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.

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

**We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools), from where the data is only processed for the above purpose. “Enrolment details for successful applicants will be uploaded to the Department of Education & Skills Pupil Online Database (POD). Children can be registered to one school only on this database.**

**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.**