

# Application for Admission of New Pupils

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Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

First Language: \_\_\_\_\_

Mother's Work: \_\_\_\_\_

Mother's Mobile: \_\_\_\_\_

Father's Work: \_\_\_\_\_

Father's Mobile: \_\_\_\_\_

If parents are not available – Contact: \_\_\_\_\_

Arrangements to be made if child has an accident or illness at school:

\_\_\_\_\_

Do you give permission for your child to be taken directly to hospital in the case of serious illness or accident? \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Any Previous School Attended: \_\_\_\_\_

Any Health Problems: \_\_\_\_\_  
(allergies, asthma, sight, hearing, epilepsy, speech, etc.)

Name, Address & Telephone of Family Doctor: \_\_\_\_\_

Does any legal order under Family Law exist that the school should be aware off?

\_\_\_\_\_

Did the child previously attend?

- |                                      |     |    |
|--------------------------------------|-----|----|
| a) Crèche (Please circle)            | Yes | No |
| b) Montessori (Please circle)        | Yes | No |
| c) Playschool (Please circle)        | Yes | No |
| d) None of the above (Please circle) | Yes | No |
- 

## CONSENTS

I consent to allow my child to take part in all the activities/tours/sport according as they arise  
(Please circle)      Yes                  No

I consent to allow my child to be photographed for the local media or for school purposes  
(Please circle)      Yes                  No

I consent to allow my child to participate in Liturgical celebrations in keeping with our  
Catholic ethos, such as Mass, Choir, etc.  
(Please circle)      Yes                  No

I have read the Code of Discipline with my parents and I agree to comply with this code  
while I am a pupil in Cloonakilla National School.  
(Please circle)      Yes                  No

Child's Signature: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Please attach a Birth Certificate with this application. It will be returned to you presently.  
enclose a deposit of €20 to pay for PE Top and Arts & Crafts for Junior Infants. Deposit is  
not refundable. Balance of payment will be required in September.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_