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SCOIL PHOBAIL SLIABH LUACHRA

An Ráth Mhór, Co. Ciarraí

Tel: 064/7758135 (Office)

Fax:064/7758655

E-mail: rathmorecs@eircom.net

website: www.spslrathmore.ie

ENROLMENT APPLICATION FOR ACADEMIC YEAR 2016/2017

STUDENT INFORMATION:

Full Name: _____

(as on Birth Certificate)

Date of Birth: _____

Name known as: _____

P.P.S. Number _____

Postal Address: _____

Primary School attended: _____

Mother's Maiden Name: _____

Medical Card: Yes: (____) No: (____)

FAMILY INFORMATION

Mother/Guardian Name: _____

Father/Guardian Name: _____

Tel. Home: _____

Tel. Work: _____

Principal: Mr. Denis Kerins

Deputy Principal: Ms. Maria Hanrahan

Mobile: _____

E-mail Address:

(ESSENTIAL)

Number of children in family: _____

Place in family: _____

Names of family members in this school:

HEALTH & MEDICAL TREATMENT

For health and safety reasons, it is very important that you inform the school of any medication that your child may be taking. Please outline any health issues that our school should be aware of regarding your child, such as allergies, hearing defects or the use of inhalers, special medication, etc.

Family Doctor: _____ Tel:

CHOICE OF OPTIONAL SUBJECTS:

Please select FOUR optional subjects. In order of preference (1 - 4) from the following list:

Art, Craft & Design: _____

Business Studies:

Home Economics: _____

Metal Work:

Music: _____

Technical Graphics:

Principal: Mr. Denis Kerins

Deputy Principal: Ms. Maria Hanrahan

Materials Tech (Wood): _____

CODE OF BEHAVIOUR

I have read the school's Code of Behaviour and I fully understand and accept its contents.

Student Signature: _____

Parent/Guardian Signature: _____

EDUCATIONAL HISTORY

Has your child had the service of a Support/Resource Teacher in Primary School?
Yes___ No___

Has your child had the service of a Special Needs Assistant in Primary School?
Yes___ No___

If so, please complete below:

English: (Hours per week)

Maths: (Hours per week)

In what class (Junior Infants- 6th Class) has your child received support?

Has your child received any other support from the Primary School? If so, please give details: _____

Has your child an Exemption from the study of Irish? Yes_____

No_____

On what basis was this exemption granted ?

Date Granted: _____(Please enclose copy of exemption)

If Yes, please state the reason for this certification_____

Dated Exemption Granted: _____

Has a Psychological Assessment been completed? Yes_____

No_____

If Yes, please provide the date of the latest Psychological Assessment:

If your child has been psychologically assessed, can you please sign below to give your permission for our school to obtain a copy of your child's Psychological Report from your child's primary school.

I give permission to Scoil Phobail Sliabh Luachra, Rathmore, to receive a copy of my child's Psychological Assessment from _____ primary school.

PARENTAL/GUARDIAN CONSENT

Emergencies: I authorise the school to arrange necessary medical treatment for my child in case of an emergency.

Yes_____ No_____

Teach losagain: I give permission to my child to use the canteen facilities of Teach losagain that is adjacent to the school and I understand that this facility is not supervised by school staff.

Yes_____ No_____

Photographs: It is customary for our school to photograph/video students from time to time to record class photographs, extra-curricular or other school-related

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activities. This material may be displayed around the school, posted to our school website or media outlets. I give my permission for my child to be included in this activity.

Yes_____ No_____

Parent/Guardian Signature:

Please be informed that information received on your child will be forwarded to the Department of Education & Skills, at their request, for administrative purposes only.

FORMAL ENROLMENT

I hereby formally request that my child be enrolled in Scoil Phobail Sliabh Luachra and give my full consent to the wishes, requests, authorisations and agreements outlined.

Signed:_____

Date: _____