

SCOIL PHOBAIL SLIABH LUACHRA

An Ráth Mhór, Co. Ciarraí

Tel: 064/7758135 (Office)

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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:

Mobile:

E-mail Address:

(ESSENTIAL)

Principal: Mr. Denis Kerins

Deputy Principal: Ms. Maria Hanrahan

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	_____	Home Economics:	_____
Music:	_____	Const. Studies (Wood):	_____
Accounting:	_____	DCG (Graphics):	_____
Business(after school):	_____	Engineering (Metal):	_____
		French:	_____
Physics:	_____	German:	_____
Chemistry:	_____	Geography:	_____
Biology:	_____	History:	_____
Ag Science:	_____		

CODE OF BEHAVIOUR

Principal: Mr. Denis Kerins

Deputy Principal: Ms. Maria Hanrahan

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: _____

Principal: Mr. Denis Kerins

Deputy Principal: Ms. Maria Hanrahan

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 Iosagain: I give permission to my child to use the canteen facilities of Teach Iosagain 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 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.

Principal: Mr. Denis Kerins

Deputy Principal: Ms. Maria Hanrahan

Signed: _____

Date: _____