



MONEENROE NATIONAL SCHOOL

The Glen, Moneenroe, Castlecomer, Co Kilkenny, R95 F8WP
056 444 2288 | moneenroeschool@gmail.com | www.moneenroens.ie

APPLICATION FOR ADMISSION TO SCHOOL

START DATE: _____

Pupil Name in Full:	
PPS Number:	
Date of Birth:	

In line with Department of Education & Skills Regulations, please supply a copy of State Birth Certificate.

Home Address: (Please include Eircode)	
Mother's Name:	
Mobile No:	
Home No:	
Email:	
Occupation:	
Work No:	
Father's Name:	
Mobile No:	
Email:	
Occupation:	
Work No:	

In the event that either parent / guardian cannot be contacted, please supply an emergency name and contact number in case of sickness or accident.

Emergency Contact Name:	
Relationship to Pupil:	
Contact Number:	

The school will send information to families via text message and email. It is important that we have up to date contact details for parents / guardians. Please specify clearly the name and number of who you wish text messages and / or emails to be sent to. If you change your phone number or email address, please inform the school immediately.

Name:	
Mobile No:	
Email:	
Number of children in family:	
Child's place in family:	
Name of family / relatives who are / have been in the school:	
Nationality:	
Religion:	
Present Parish:	

If your child has been baptized and intends to make his/her First Holy Communion and Confirmation, it would be appreciated if you could supply a copy of their Baptismal Certificate.

Has your child attended playschool?	
Name & Address of playschool:	

This section applies only to those transferring from another primary school.

Previous School Attended:					
Class:					
I have furnished an up to date school report. Please Tick:	<table border="1"> <tr> <td>Yes:</td> <td></td> <td>No:</td> <td></td> </tr> </table>	Yes:		No:	
Yes:		No:			

Legal

Does any legal order exist under family law, that the school should be aware of?	Yes:		No:	
If yes, please give details:				
Are the parents listed above the legal guardians of this pupil?	Yes:		No:	
If not, please give details of legal guardianship:				

Medical

Has the student any illness or injuries which should be made known to the school?		Yes:		No:	
If yes, please give details:					
Has the student any allergies which should be made known to the school?		Yes:		No:	
If yes, please give details:					
Does your child require medication to be administered?		Yes:		No:	
If yes, please give details of the type of medication, the dosage, and the circumstances under which it should be administered. Please ensure that your child has any necessary medication, e.g. inhaler, epi-pen, etc in the school at all times. *Remember to keep the school updated with any changes.*					
Name of medication:					
Dose to be administered:					
Instructions as to when medication should be administered:					
Name of Family Doctor:					
Do you give permission for your child to be taken straight to hospital in case of serious illness or accident? Please tick.		Yes:		No:	
Any other notes / comments:					

Please supply copies of any relevant documents / reports regarding your child to the school office.

Signature of Parents / Guardians: _____

Date: _____

Permissions

I/We give consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills, and to other primary schools my child may transfer to during the course of their time in primary school. I/We also give permission to share this information with the HSE as outlined by the Department of Education & Skills. (This information is shared with the HSE for dental treatment, vaccinations, etc.) I/We understand this will only be commenced if my child is accepted into the school.

Signature of Parents / Guardians: _____

Our school maintains photographs and digital images of school events. It has become customary to take photos of students engaged in activities to create a pictorial and historical record of school life and as a means of presenting projects and work done. Photographs may be published on our school website, newsletters, calendars and local and national newspapers, etc. We are seeking permission to allow our school to use these at the discretion of the school authorities. I/We give permission to use photographs as set out above.

Signature of Parents / Guardians: _____

School tours and field trips. All classes go on school tour, usually in May or June. Occasionally we may undertake educational field trips. I/We give permission for our child to go on school tours, field trips, etc.

Signature of Parents / Guardians: _____

For School Use Only

Date of Entrance: _____ Class: _____