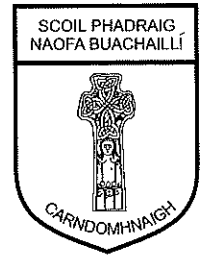


St. Patrick's Boys' National School



Church Road
Carndonagh
Co. Donegal,
F93 T935.

Principal: Mrs Anne McLaughlin Roll No. 18605K
Tel: 074 9374136 / 086 1839867
Email: stpatsboyscarn@gmail.com Website: www.carnboysschool.ie

Application for Admission

Family Information

Pupil's Name _____

Pupil's Address _____

D.O.B. _____ Pupil's PPS No _____

(Please enclose/attach copy of birth certificate. Original document will be returned by the school)

Nationality of child _____ Nationality of parents/guardians _____

Mother's Name _____ Father's Name _____

Contact Details:

Telephone No Home _____

Mobile (Mother) _____ Mobile (Father) _____

Mobile No. to be used for school web text service: _____

E-mail address for school correspondence: _____

Emergency Contact: Name _____

Mobile No: _____ Relationship to pupil) _____

Please state name of any other brothers in the school.

Marital status of parents: married single separated partner civil partnership

If any correspondence from the school e.g. newsletters, school reports etc should be sent to a second parent/guardian at a different address please fill in/advice school secretary.

Name _____ Tel No _____

Address _____

e-mail address: _____

Does any legal order under Family Law exist, that the school should know about?

Yes No

If yes please advise or contact the principal

Name of pre-school attended: _____

Religious Denomination: _____

Name of G.P. _____ Tel No _____

Medical Card Holder? Yes No Date of last tetanus /booster injection _____

**Please inform the school on any /all medical conditions (asthma, diabetes, allergies etc).
Please give all relevant information to the school if treatment is currently being received.**

Has your child ever attended or been referred to: Psychologist CAMHS
Speech & Language Therapist Hearing /Eye Specialist

If so, please give brief details and forward relevant reports: _____

Is there any other health information that the school should know about? Yes No
If yes please give details.

Do you consent to this information being given to your child's class teacher? Yes No

I hereby give consent for my child to leave school either on foot or by transport to attend out-of-school activities at e.g. the library, cinema, theatre, swimming, sporting events etc. I understand that there will be appropriate supervision provided, but that in the case of an incident arising from an accident, neither the teacher nor the school will be liable. I also give my consent for the teacher in charge to act in *loco parentis* i.e. to give consent regarding medical decisions in the case of an emergency.

I give consent for my child's photo to be taken or recordings made of him at school events/activities. I understand that recordings and photos may be published but my child's personal details will not accompany these photos/recordings.

Signed _____
Parent/Guardian

Date _____