

St. Finian's National School

Application Form

... You must answer all questions in this form ...

Today's Date:		Date to Start School:	
Child's Surname:		Child's Forename:	
Address:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth:		Starting in Class:	
PPS No:		Religion:	
Nationality:		Priority Phone No:	
Was your child born in Ireland	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, where was your child born?	
Has your child resided here during their birth?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no how long has your child resided in Ireland?	
Name of last crèche / school attended:		Address of last school attended:	
Telephone no of previous school			
Siblings in this school:	Name: Class:		

Private & Confidential

The information requested in this form is the minimum information which teachers need to provide your child with a quality education. It will be stored on computer and is subject to the terms of the Freedom of Information Act. You are asked to fill in all relevant details and if there is further information which is of importance in relation to your child, please let us know.

For Office Use Only

Date application received:				
	Yes/No		Yes/No	Yes/No
Previous School Report Rec'd		Psychological Report Rec'd		SNA authorised
Learning Support Report Rec'd		Speech Therapy Report Rec'd		Low Incidence allowed
Authorised on behalf of BOM				Learning Support Hrs authorised

Please note that completing this application does not automatically guarantee a place for your child.

<i>Parent/Guardian's Name:</i>	<i>Mother's Name:</i>	<i>Father's Name:</i>
<i>Parents' Nationality:</i>	<i>Mother:</i>	<i>Father:</i>
	<i>Address:</i>	<i>Address:</i>
	<i>Phone No:</i>	<i>Phone No:</i>
<i>Father's occupation:</i>	<i>PPS Number</i>	
<i>Mother's Occupation:</i>	<i>PPS Number</i>	
<i>Medical card number, if applicable:</i>		

What is the current status of the parent(s) or guardian(s): Please tick the appropriate box(s):

<i>Married</i> <input type="checkbox"/>	<i>Married but separated</i> <input type="checkbox"/>	<i>Divorced</i> <input type="checkbox"/>
<i>Single parent</i> <input type="checkbox"/>	<i>Widowed parent</i> <input type="checkbox"/>	<i>Foster parent</i> <input type="checkbox"/>

If the status of a child's parents changes, it is very important to inform the school principal or class teacher.

The Dublin West Health Service Executive requests the names and addresses of pupils when carrying out immunisations and hearing, sight and dental examinations.

Do you grant permission for your child's name, address, date of birth and parent/guardian contact phone number to be given to the Health Board?

Yes No

Department of Social Welfare support:

<i>Not Applicable</i> <input type="checkbox"/>	<i>Lone parent allowance</i> <input type="checkbox"/>
<i>Unemployment assistance</i> <input type="checkbox"/>	<i>Unemployment benefit</i> <input type="checkbox"/>
<i>Disability benefit</i> <input type="checkbox"/>	<i>Pension</i> <input type="checkbox"/>
<i>Family income supplement</i> <input type="checkbox"/>	<i>Rent allowance</i> <input type="checkbox"/>

In the event of your child being involved in a serious accident and we are unable to contact you, do you grant permission for a medical examination if necessary?

Yes No

Family Doctor's Name: _____ Phone No: _____

Person authorised by you to be contacted in case of emergency if you are unavailable:

Name:	Phone No:
Name:	Phone No:

If your child has any medical condition which may affect him/her at school, please give details below:

School Ethos

We are a Catholic school under the patronage of the Archbishop of Dublin. Your signature below indicates that you understand this and that you are willing to make alternative arrangements for your child if you do not want them to be involved in any religious activities during school hours.

Stay Safe Programme

A safety skills curriculum called the Stay Safe Programme is taught in this school. The programme was developed in co-operation with the Departments of Education and Health. The aim of the programme is to teach children personal safety skills so they can look after themselves in situations which could be upsetting or dangerous. It deals initially with common situations which most children will experience at some stage or other, e.g. getting lost or being bullied.

The programme also teaches children the safety skills necessary to protect themselves from physical or sexual abuse. Children are taught to tell a trusted adult about any problems they may have. There are lessons for senior infants, 1st and 2nd, 3rd and 4th, 5th and 6th. Occasionally, children have worksheet exercises for homework. One advantage of using this method is that each exercise contains a space for the parents' signature. In this way parents become more aware of what their children are learning during the programme and are given the opportunity to discuss and reinforce the safety skills being taught in school.

If you wish your child to take part in the programme, your consent will be valid up to the time your child leaves the school, unless we hear in writing to the contrary.

Consent: Do not consent:

If your child has any educational or emotional condition which may affect him/her at school, please complete the information section below.

Does your child have a clinical psychological report?
If yes please include any relevant documentation.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Does your child receive Speech Therapy?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Does your child have an educational psychological report?
If yes please include any relevant documentation.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Has your child been attending Learning Support Classes?
If yes, please enclose Learning Support Teachers report or any relevant documentation.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is English your child's mother tongue?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 If no, what is your child's first language?

If no, please also indicate your child's ability to understanding and speak the English Language

Excellent	Very Good	Good	Poor	Cannot Understand or Speak English
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, does your child attend non-national English Support classes?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Has your child received one or two years support?

1 year	2 years
<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other information that is relevant to your child's education and/or social progress?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain fully and supply a copy of all relevant documentation.

Do you give permission for diagnostic tests, which will enable us to assess your child for Learning Support/ Resource Teaching, should the school deem it necessary?

Yes No

Do you give permission for learning support or resource teaching to be provided for your child during his/her time at St. Finians' N.S. should the need and opportunity arise?

Yes No

I declare that this information is correct and I accept that any misinformation will render this application invalid. By signing this form you have granted permission for any relevant academic/social/emotional reports to be relayed to other educational institutions if and when the need arises

Signed: _____
Parent / Guardian / Foster Parent

Date: _____ / _____ / _____

A birth cert and baptismal cert (if relevant) must be provided with the application form.