 **Louisburgh NS**

[**www.louisburghns.ie**](http://www.louisburghns.ie)

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**Fón 098 66300**

**Application for Admission of new pupils**

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| **Pupils Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_\_\_**  **Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ English Spoken – Child \_\_\_\_\_\_\_\_ Parents \_\_\_\_\_\_\_\_**  **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tel. No. Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Father’s Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tel. No. to be used to receive text messages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-MAIL Address for school related correspondence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact Name & Phone No. for emergencies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last School attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Does your child have any medical problems, Special Education Needs or other information you consider helpful for the school to have about your child. Has your child any allergies or does he/she need to have medication administered in school.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **To which ethnic or cultural background group does your child belong (please tick one)? (Categories are taken from the Census of Population)**  **White Irish Irish Traveller Roma Black African Any other White Background Any other Black Background Chinese Any other Asian background**  **Other (inc. mixed background) No Consent**  **What is your child’s religion? (please tick one)**  **Roman Catholic Church of Ireland Presbyterian Muslim(Islamic)**  **(incl. Protestant)**  **Buddhist Jehovah's Witness Baptist Lutheran Hindu**  **Other Religions No Religion No Consent**  **→**  **Please supply copies of the following documents to school:**   * **Birth Certificate** * **Reports from previous school (if applicable)** * **Psychological Reports (if applicable)**     ***I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.***  **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Louisburgh NS Consent Form**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We consent to the following … (Yes or No)**

1. **Inclusion of child’s photograph/work in school related activities, newsletter, competitions, and in school displays. \_\_\_\_\_\_\_\_\_**
2. **Inclusion of child’s photograph on school website (always in a group, never alone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Inclusion in trips in the locality e.g., church, library, secondary school, GAA grounds, playground, local sites of interest. \_\_\_\_\_\_\_\_\_**
4. **Inclusion in trips which may require bus transport ie football matches, school outings etc where prior notice is given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Our child’s participation in the RSE [Relationships and Sexuality Education] Programme. \_\_\_\_\_\_\_\_**
6. **Inclusion in Liturgical Celebrations in keeping with our Catholic Ethos ie School Prayer Service/School Mass \_\_\_\_\_\_\_\_**
7. **Our child to participate in lessons taught by Special Education Teachers (e.g. in class support, group withdrawal, this may involve short excursions outside of school grounds. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
8. **To allow child’s details (name, address, date of birth etc.) to be given to agencies such as HSE (school nurse, doctor, dentist) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
9. **Our child being taken to the doctor/hospital in case of emergency if you cannot be contacted. \_\_\_\_\_**
10. **Our child’s uniform/clothes being changed by a teacher in the presence of another adult in case of toilet accident or illness. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**