



Louisburgh NS

www.louisburghns.ie

Email: info@louisburghns.ie

Fón 098 66300

Application for Admission of new pupils

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: _____