



Gort National School

Gort, Co. Galway



APPLICATION FOR ADMISSION 2017- 2018

Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child.

USE BLOCK CAPITALS PLEASE:

1. Name of child: _____ Religion: _____

2. Name in Irish: _____

3. Date of Birth: _____ Nationality: _____

4. Position of child in family: _____ Country of Birth: _____

5. If not born in Ireland, date on which child arrived in Ireland: _____

6. PARENTS: The following information is needed for registration purposes.

Mother's Name: _____ Father's Name: _____

Occupation: _____ Occupation: _____

Mobile No: _____ Mobile No: _____

Mother's Nationality: _____ Father's Nationality: _____

7. Home Address: _____

8. Home Phone No: _____

9. Mobile No. for "text-a-parent": _____

10. 1st contact person if parent not available: Name: _____

Mobile No: _____

2nd contact person if parent not available: Name: _____

Mobile No: _____

11. Child's P.P.S. No.: _____

12. Name and address of pre-school or previous schools attended: _____

13. Name and phone no. of Family Doctor: _____

14. Has your child any medical conditions?

 Yes No

If yes please give brief details: _____

15. Has your child ever been assessed by a Psychologist?

 Yes No

If yes please give brief details for referral: _____

16. Has your child any allergies?

 Yes No

If yes please give details: _____

17. Will you accept the terms laid down in the Code of Behaviour and Discipline?

 Yes No

18. Will you allow your child to be included in the lessons concerning sensitive sexual issues which will be dealt with as part of Social, Personal and Health Education?

 Yes No

A copy of the R.S.E. policy is available to view should you wish to do so.

19. If your child is seriously unwell or has an accident and you are not contactable do you agree to the school bringing your child to the doctor or the hospital?

 Yes No

Please include the child's Birth Certificate and the child's Baptismal Certificate (If applicable)

Signature of Parents: _____

Date: _____