Gort National School
Gort, Co. Galway

APPLICATION FOR ADMISSION 2025- 2026

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: _____Nationality: _____

3. Date of Birth: _____ **E-mail:** _____

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

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

6. Language spoken in the home: _____

7. **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: _____

8. Home Address: _____

_____**Eircode**_____

9. Home Phone No: _____

10. **Mobile No. for "text-a-parent":** _____

11. 1st contact person if parent not available: Name: _____

Mobile No: _____

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

Mobile No: _____

12. **Child's P.P.S. No**.: _____

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

_____

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

15. Has your child any medical conditions? | Yes | | No |

    If yes please give brief details: _____

    _____

16. Has your child ever been assessed by a Psychologist? | Yes | | No |

    If yes please give brief details for referral: _____

    _____

17. Has your child any allergies? | Yes | | No |

    If yes please give details: _____

18. Will you accept the terms laid down in the Code of Behaviour and Discipline? | Yes | | No |

19. 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.

20. If your child needs extra help would you allow them to get it from the SEN Team. | Yes | | No |

21. If your child is seriously unwell or has an accident and you are not contactable do you agree to the school

    taking your child to the doctor or the hospital? | Yes | | No |

Please include the child's <u>Birth Certificate</u> and the child's Baptismal Certificate (If applicable)

Signature of Parents: _____

_____

Date: _____