



# *Gort National School*

## *Gort, Co. Galway*



### **APPLICATION FOR ADMISSION 2026- 2027**

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: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

8. Home Address: \_\_\_\_\_

\_\_\_\_\_ **Eircode** \_\_\_\_\_

9. Home Phone No: \_\_\_\_\_

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

11. 1<sup>st</sup> contact person if parent not available: Name: \_\_\_\_\_

Mobile No: \_\_\_\_\_

2<sup>nd</sup> 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 Birth Certificate and the child's Baptismal Certificate (If applicable)**

**Signature of Parents:** \_\_\_\_\_

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

We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information Systems, Aladdin and POD. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (t/a Aladdin Schools), from where the data is only processed for the above purpose. POD is a Primary Online Database run by the Department of Education and Skills. At times we are obliged to disclose information to Tusla, the Department of Education and Skills, An Garda Siochána, NEPS, and Post Primary Schools.