



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. 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 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 Síochána, NEPS, and Post Primary Schools.