



**Knockminna N.S., Ballymote, Co.Sligo**

**Roll No. 18334F**

**Admissions Application Form 2021/2022**

<p><b><u>Pupil's Details:</u></b></p> <p><b>First Name:</b></p> <p><b>Last Name:</b></p> <p><b>Male/Female:</b></p> <p><b>Date of Birth:</b></p> <p><b>P.P.S. Number:</b></p> <p><b>Home Address:</b></p> <p><b>Eircode:</b></p> <p><b>Intended Class:</b></p> <p><b>Country of Birth:</b></p> <p><b>Nationality:</b></p> <p><b>If other than Irish, please state date of arrival in Ireland:</b></p> <p><b>Languages spoken in the home:</b></p>	<p><b><u>Parent/Guardian Details</u></b></p> <p><b>First Name:</b></p> <p><b>Last Name:</b></p> <p><b>Relationship to child:</b></p> <p><b>Home phone number:</b></p> <p><b>Work phone number:</b></p> <p><b>Mobile phone number:</b></p> <p><b>E-mail address:</b></p>
	<p><b><u>Parent/Guardian Details</u></b></p> <p><b>First Name:</b></p> <p><b>Last Name:</b></p> <p><b>Relationship to child:</b></p> <p><b>Home phone number:</b></p> <p><b>Work phone number:</b></p> <p><b>Mobile phone number:</b></p> <p><b>E-mail address:</b></p>

**Additional Details:**

(Please fill where applicable)

**Name of Previous School/Pre-School:**

**Address:**

**Principal/Manager's Name:**

**Phone Number:**

<b>Are there any orders or other arrangements in place, governing access to or custody of your child?</b>	<b>Yes</b>	<b>No</b>

**Emergency Contact Details:** (not the same as those already provided)

**Name:**

**Phone number:**

**Relationship to the child:**

**Name:**

**Phone number:**

**Relationship to the child:**

**Name:**

**Phone number:**

**Relationship to the child:**

**Medical Details:**

	Yes	No	Details
Has your child any medical condition/known allergies/other issues that the school should be aware of?			
Has your child attended speech therapy?			
Has your child attended Occupational therapy?			
Has your child attended an Educational Psychologist?			
Has your child any other Special Educational Needs?			
Please enclose copies of any relevant assessments			

In the event of an **accident** occurring during school hours, which would necessitate medical attention, your child may be seen by any available doctor or taken to the accident and emergency department of Sligo General Hospital as deemed appropriate by staff at the time.

Agree

Disagree

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission Details

I give permission for my child to be brought on incidental trips during the school year e.g. church, nature walks etc.

Yes  No

I give permission for my child's photo/video clip to appear on the Knockminna N.S. website or in publications (e.g. local newspapers) pertaining to school related activities or successes (Full names will not be put under photographs)

Yes  No

As directed by the Department of Education & Skills, the school uses the 'Stay Safe', 'Walk Tall' and 'Relationships and Sexuality' (RSE) education programmes as part of the SPHE (Social, Personal and Health Education) curriculum. I give permission for my child to take part in these lessons.

Yes  No

I give permission for diagnostic tests to be carried out on my child. (These tests may be necessary from time to time in order to assist with your child's educational development. They will be discussed with you in the event that your child needs further intervention)

Yes  No

I give permission for my child to be withdrawn by the Learning Support teacher in a class/small group for extra tuition in varying aspects of literacy and numeracy

Yes  No

I have read a copy of Knockminna National School's Code of Behaviour and Discipline and also the Anti-Bullying Policy ( both available on <http://www.knockminnans.scoilnet.ie> or please request copies directly from the school if you cannot access them) I agree that my child and I will abide by these policies and support the ethos of the school while attending Knockminna N.S. and any school related activities.

Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_