



RAHARA N.S.
SCOIL NÁISIÚNTA RATH ARADH

APPLICATION FOR ADMISSION 2020

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: _____ **2. Surname in Irish:** _____

3. Date of Birth: _____ **PPSN:** _____

4. PARENTS: *The following information is needed for registration purposes.*

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Nationality: _____

Nationality: _____

5. Home Address:

6. Home Phone No.: _____

7. Mobile No.: _____

8. Contact person if parent not available:

Name: _____

Phone No. _____

Mobile No. _____



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9. Religion: _____ **Place of Baptism** (if applicable): _____

(Please provide the school with a copy of your child's baptismal certificate)

10. Has your child any allergies: Yes No

If yes, please give details: _____

11. Does your child appear to have any difficulties with the following:

Hearing:	<input type="checkbox"/> Yes	Speech:	<input type="checkbox"/> Yes	Vision:	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No

If you have answered yes to any/all of the above, please give details:

12. Has your child ever had any type of assessment? Yes No

If yes, please give details: _____

13. Sometimes journalists visit our school to take pictures of the children e.g awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, local newspapers, and school related activities?

Yes No



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The Board of Management cannot be held responsible for pictures/video taken by parents at Celebrations, School Concert etc.

14. Do you give permission for your child's photo/work to be used on our school website and Facebook page?

Yes

No

Photo

Work

Yes

No

15. Arrangements to be made if the child is ill or has an accident in school

16. In case of serious accident/illness/emergency do you give permission to the teachers to take the child to hospital casualty unit? _____

Please provide your doctor's name, telephone number and address:

Doctor: _____ Phone No: _____

Address: _____

17. From time to time some children may receive additional classes from the learning support teacher. This will either be on an individual or a small group basis.

Do you give permission for your child to receive these additional classes?

Yes

No



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18. The school must return all pupil's information to the Department of Education POD (Primary Online Database). Information includes your child's name, DOB, PPSN, Religion and cultural background.

Do you give Rahara N.S permission to supply the POD with this information?

Yes

No

19. I have read and accept the conditions of the schools Code of Behaviour and Anti Bullying policies.

Signed _____ Signed _____
(Parent/Guardian)

Signed _____ Signed _____
(Parent/Guardian)

The information I have given in this form is accurate.

Parent/s signature: _____ **Date:** _____