

Greaghrahan NS, Staghall, Belturbet, Co. Cavan. H14CH74

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[www.greaghrahanschool.ie](http://www.greaghrahanschool.ie)

**APPLICATION FOR ADMISSION OF NEW PUPILS YEAR 2021/2022**

Pupil's Name: \_\_\_\_\_ Pupil's Surname: \_\_\_\_\_ male  female

Address: \_\_\_\_\_ Eircode: \_\_\_\_\_

Pupil's Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If not born in Ireland, year in which child arrived in Ireland: \_\_\_\_\_

Child's PPS No. \_\_\_\_\_

Number of Children in Family \_\_\_\_\_ Position in Family \_\_\_\_\_

Father's Name:- \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name:- \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Details for School text: (preferred mobile no. and e-mail address) Mobile No: \_\_\_\_\_

E-mail address: \_\_\_\_\_ First language: \_\_\_\_\_

Religion: \_\_\_\_\_

Name and address of pre-school / previous school attended \_\_\_\_\_

**Has your child been referred for any of the following: (Please submit any reports with application).**

Speech Therapy Yes  No

Psychiatric / Psychological Assessment Yes  No

Hearing Yes  No

Assessment of Needs Yes  No

Occupational Therapy Yes  No

Vision Yes  No

**(Should medical concerns arise/change, parents are responsible for informing the school)**

**School Emergencies/Sickness/Unexpected Closures, etc.**

The following information will be used by the school in the event of:

Your child feeling sick

An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is imperative to ensure the safe return home of pupils

**Person the school will contact** If there is no one at home or the school is unable to contact you, please provide the name and telephone number of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

1 \_\_\_\_\_

2 \_\_\_\_\_

Tel/mobile: \_\_\_\_\_

Tel/mobile: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Telephone No. \_\_\_\_\_

**Does your child have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?**

\_\_\_\_\_  
\_\_\_\_\_

**It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Does your child have an allergic reaction to medication or food?**

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Please give names and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

**Person who will usually collect child**

Name: _____	Phone _____
Name: _____	Phone _____
Name: _____	Phone _____
Name: _____	Phone _____

**Any other information which you may consider helpful (e.g. phobias, health, family, etc.)**

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I declare the above information to be correct and understand that it will be treated as confidential.

**Note:** Pupils may not attend school until after their 4th birthday. **Please ensure that you have included a Birth Certificate with this form.** This will be photocopied and returned to you.

**Signed:** \_\_\_\_\_ **Parent/Guardian.**

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

**FOR OFFICE USE ONLY**

Date Received:	4 years on:	POD:
Registration No:		