



 Scoil an Linbh Íosa,

 Killymard,

 Donegal Town,

 Co. Donegal.

 Tel. 074 9722752

email: killymardschool@gmail.com

 Web Address: [www.killymard.com](http://www.killymard.com)

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| **Application Form for Admission** |

Please refer to our Admissions Policy on our school website [www.killymard.com](http://www.killymard.com)

**Please attach a Birth/Adoption Certificate and Baptismal Certificate (if applicable)**

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|  **Personal Details** |

## \*Class and enrolment date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \*Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \* Birth Certificate Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Birth Certificate Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (if different from above) (if different from above)

\*Child’s PPSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Mother’s Birth Cert Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Male  Female 

## \*Child’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Eircode\_\_\_\_\_\_\_\_\_\_\_\_

 Parish in which child resides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e. language spoken at home)

## Parents’ names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Occupations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \*Religious Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Special category data:

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories based on the Census of Population)

White Irish  Irish Traveller  Roma  Any other White Background 

Black or Black Irish - African  Black or Black Irish - Any other Black Background 

Asian or Asian Irish – Chinese  Asian or Asian Irish - Any other Asian background 

Other (inc. mixed background)  No consent 

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|  **Contact Details** |

**In the event that we will need to contact you during school time we will contact you in the order listed below: Please keep the school informed of any change of details.**

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| --- | --- | --- |
| **Parent No. 1** | **Parent No. 2** | **Emergency Contact (childminder/grandparent etc.)** |
| Name: | Name: | Name: |
| Relationship to child: | Relationship to child: | Relationship to child: |
| Home Phone: | Home Phone: | Home Phone: |
| Mobile No. | Mobile No. | Mobile No. |
| Work Phone: | Work Phone | Work Phone: |
| E-mail: | E-mail: |  |

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|  **Education Details** |

## \*Was this child in pre-school education or a childcare setting? (Applicants for Junior Infants only)

 Yes No

Name of playschool if yes above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name of previous primary school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please inform your child’s previous primary school that we require a letter from them under the Education Welfare Act 2000 concerning your child’s attendance. We will also need your child’s education progress reports from the previous school.)

Sibling(s) attending or having attended Scoil an Linbh Íosa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  **Special Education & Medical Details** |

If your child has special educational needs, please give details:

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

If your child has any medical / health problems, please give details (please see Administration of Medicine Policy on our school website) and complete Medicine Request Form if required

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

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  **Other Information** |

Does any Legal Order under Family Law exist? Yes No

 (If yes, you will be contacted by the Principal)

Is there any person into whose custody the child should not be given? Yes No

(If yes, you will be contacted by the Principal)

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian Parent/ Guardian**

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

 **Parent/Guardian Parent/Guardian**

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|  **Data Privacy Statement**  |

The information provided on this form will be used by Scoil an Linbh Íosa to apply the selection criteria for enrolment in Junior Infants, and to allocate school places in accordance with the School’s Admission Policy and the School’s Annual Admission Notice. Where a pupil is admitted to the school, the information will be retained on the pupil’s file.

On acceptance of an offer of admission, this information will be entered in the School Administration System, Aladdin, and will be uploaded to the Primary Online Database. The Primary Online Database (POD) is a nationwide individualised database of primary school pupils, hosted by the Department of Education and Skills.

In the event of oversubscription, a waiting list of students whose applications for admission to Scoil an Linbh Íosa were unsuccessful due to the school being oversubscribed will be compiled, and will remain valid for the school year in which admission is being sought. Where a child’s name is placed on a waiting list, and the child is not admitted to the school, the information provided on this form will be retained for the duration of the school year and will be securely destroyed thereafter.

Section 66(6) of the Education (Admission to Schools) Act 2018 allows for the sharing of certain information between schools in order to facilitate the efficient admission of students. The information which may be provided to a patron or another Board of Management for this purpose may include all or any of the following:

(i) the date on which an application for admission was received by the school;

(ii) the date on which an offer of admission was made by the school;

(iii) the date on which an offer of admission was accepted by an applicant;

(iv) a student’s personal details including his or her name, address, date of birth and personal public service number (within the meaning of section 262 of the Social Welfare Consolidation Act 2005).

**I give my consent to share all of the information with an \* on POD and also the sharing of the above information with relevant parties as stated.**

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

 **Parent/Guardian**

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

 **Parent/Guardian**

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|  **School Policies** |

I/We have read, and understood, the school’s Code of Behaviour, Anti Bullying and Internet Acceptance Usage Policy which are available to view on the school website [www.killymard.com](http://www.killymard.com) under Policies and will ensure that my/our child, named overleaf, will abide by them. I am also aware that updates to these policies will be available to view on [www.killymard.com](http://www.killymard.com) and will continue to abide by them. I/we will co-operate with the staff and support the ethos of Scoil an Linbh Íosa. I/We confirm that all the above details are correct.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_\_

 Parent/Guardian

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

 Parent/Guardian

Have you attached: Birth Certificate (original) Baptismal Certificate (if relevant)

**GDPR Policy / Statement:**

Please tick boxes below confirming your acceptance of the following:

Use your email address for communication purposes? 🞏

Use your mobile phone number to send you SMS / Aladdin alerts? 🞏

Use your mobile phone/landline number to call you. 🞏

 If you are happy to have your child’s photograph taken / video taken 🞏

 as part of school activities and included in all such records,

 tick here

Please confirm your acceptance / compliance of this policy by signing below.

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian

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

 Parent/Guardian

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|  **Parental / Guardian Permission Form** |

Please circle Y / N below

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| --- | --- | --- |
| **Parental Permission** |  |  |
| Do you give permission to administer basic first aid (e.g. putting on a plaster) if your child has an accident at school/games/school tour? If an accident is of a more serious nature, the school will contact Parent/Guardian. | Y | N |
| I/We give permission for my/our contact details to be uploaded to the school \*Aladdin system. \*(School admin software used for the majority of communications for parents/guardians). | Y | N |
| I agree to contact the school immediately if I change my address, telephone number or email address as these details are essential for contact with Parents/Guardians via Aladdin. | Y | N |
| **Educational / Diagnostic Tests** |  |  |
| During your child’s time in Scoil an Linbh Íosa, it may be necessary from time to time for teachers to carry out educational diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any screening/diagnostic tests to be carried out with my child. | Y | N |
| **Absences** |  |  |
| I understand that the school must report to Túsla if a child is absent from school for 20 days or more and that if a child is absent for a prolonged period but without explanation and the Parents/Guardians cannot be contacted the school will contact the relevant authorities. | Y | N |
| **Child Protection and Welfare** |  |  |
| I understand that should the school have reasonable cause for concern regarding my child’s wellbeing/safety or if my child discloses any form of abuse, the school is bound to inform the HSE. | Y | N |
| Do you give permission to the School Principal / Class Teacher to discuss the needs of our child/children with the Playgroup Leader if transferring from Playschool or the School Principal if transferring from/to another school? |  |  |

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

 **Parent/Guardian**

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

 **Parent/Guardian**

**Office use only:**

**Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_**