



St. Aidan's National School,
Smithstown,
Shannon,
Co. Clare

Tel: 061 363147

Email: staidansns@hotmail.com

Website: www.staidansshannon.ie

Application Form for School Year _____

Please submit birth cert with this completed application

Section 1: Child's Details

Child's Name (as on birth certificate): _____ **Date of Birth** _____

Child's Home Address: _____ **Eircode:** _____

Male/Female: _____ **Home Telephone Number:** _____

Nationality: _____ **Religion:** _____

Child's PPS: _____ **Number of children in the family:** _____

Child's Place in the family: _____ **Language spoken at home:** _____

Ethnicity of Child: _____ **Mother tongue of child:** _____

Names and classes of brothers/sisters in the school: _____

Previous school or Playschool attended: _____

Section 2: Parents/Guardians

Mother's / Guardian's Name: _____ **Nationality:** _____

Mother's maiden name: _____ **Mobile Number:** _____

Address: _____ **Work Number:** _____

Occupation: _____ **Father's / Guardian's Name:** _____

Nationality: _____ **Address:** _____

Mobile Number : _____ **Work Number:** _____

Occupation: _____ **Contact Email Address:** _____

Did Either Parent Attend St. Aidan's National School: YES ☐ NO ☐

With whom does the child normally reside?: _____

Does any legal order under the family law exist that the school should know about?

If 'Yes' is there any person into whose custody your child should not be given? Please give details or speak to the Principal directly:

Child's Doctor: _____ Phone Number: _____

Has your child ever attended:

(a) Speech Therapist

(b) Occupational Therapist ☐

(c) Psychologist ☐

(d) Counselling ☐

(e) Other (please give details) _____

Please give details: _____

Is your child allergic to any medicine/substance? _____

If 'Yes' please give details: _____

In the event of an illness, whom should we contact?

It is essential that we have a phone number of someone we can contact in emergency, if you are not available

Name	Phone No	Relationship to child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Should any of these numbers change please inform us immediately. In the event of an emergency, should we fail to contact you, do you give permission to bring your child to the doctor on duty / and or hospital?

Yes ☐ No ☐

Do you give permission for your child to go on school trips under teacher supervision during the school day e.g. trips to the local park, local historical buildings etc? Yes ☐ No ☐

Sometimes journalists visit our school to take pictures of the children e.g. awards, 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 ☐

Please note: The Board of Management cannot be held responsible for pictures/videos taken by parents at the Easter Bonnet Parade, Sports Day, School Concerts etc.

Do you give permission for your child's photo to be used on the school website www.staidansshannon.ie? Yes ☐ No ☐

The school teaches Relationships and Sexuality Education (RSE) using the guidelines provided by the Department of Education and Skills. I understand that participation in the Stay Safe Programme is compulsory and accept my child's participation in the Stay Safe /RSE programme. Yes ☐ No ☐

By law, schools maybe asked to share information with the HSE for immunisation purposes such as - your child's name, address, DOB and sex, mothers birth surname, contact details for parent/guardian (including name, phone number and email address), the child's personal public service (PPS) number.

In signing this application form I am of the understanding that the details provided herein are recorded and stored on St. Aidan's school database and the Primary Online Database (POD) and transferred to the Department of Education and Skills.

In signing this application, I certify that the information I have given in this form is correct, I confirm that I have had access to and read a copy of the school's Code of Behaviour available on www.staidansshannon.ie

I understand that the completion form does not guarantee that my child will be offered a place

I understand that St. Aidans will contact me in regarding formal registration by March in the year my child is due to start school

I understand that it is my responsibility to inform the Board of Management of any child within 21 days of that offer being made I will have forfeited my child's place

I agree that the pupil enrolled herewith will be subject to codes and policies of the school

I further undertake that he/she will comply fully with all school rules in St. Aidan's National School. As a parent I agree to support the staff in their efforts to provide a positive learning experience for all children in the school.

BOTH LEGAL GUARDIANS MUST SIGN THIS FORM AND COPY OF BIRTH CERT MUST BE FURNISHED WITH THIS APPLICATION OTHERWISE THE APPLICATION CANNOT BE CONSIDERED

Parent's / Guardian's Signature: _____ Date: _____

Parent's / Guardian's Signature: _____ Date: _____