



Lurga National School, Gort, Co. Galway H91 AO34

School Number 125745

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|                                             |                                                                   |                                  |                          |     |    |
|---------------------------------------------|-------------------------------------------------------------------|----------------------------------|--------------------------|-----|----|
| Childs Name:                                |                                                                   |                                  | Date of Birth:           |     |    |
| Childs PPSN:                                |                                                                   |                                  | Child's Country of Birth |     |    |
| Gender:                                     | Male: <input type="checkbox"/>                                    | Female: <input type="checkbox"/> | Other Gender:            |     |    |
| Child's Country of Birth                    |                                                                   |                                  | Child's Nationality      |     |    |
| Child's Religion                            | Consent to put Child's Religion on Primary Online School Database |                                  |                          | Yes | No |
| Address:                                    |                                                                   |                                  |                          |     |    |
| Eircode:                                    |                                                                   |                                  |                          |     |    |
| Name of Previous School/ Pres-School:       |                                                                   |                                  |                          |     |    |
| Address of Previous School/ Pre-School:     |                                                                   |                                  |                          |     |    |
| <b>Details of Parents / Legal Guardians</b> |                                                                   |                                  |                          |     |    |
| Name of Father / Legal Guardian             |                                                                   |                                  |                          |     |    |
| Surname of Father/Legal Guardian            |                                                                   |                                  |                          |     |    |
| Email Address                               |                                                                   |                                  |                          |     |    |
| Phone Number (Home)                         |                                                                   |                                  | Work Number              |     |    |
| Mobile Number                               |                                                                   |                                  |                          |     |    |
| Home Address if different from Child        |                                                                   |                                  |                          |     |    |
| Occupation                                  |                                                                   |                                  | Father's Nationality     |     |    |
|                                             |                                                                   |                                  |                          |     |    |
| Name of Mother / Legal Guardian             |                                                                   |                                  |                          |     |    |
| Surname of Mother / Legal Guardian          |                                                                   |                                  |                          |     |    |
| Email Address                               |                                                                   |                                  |                          |     |    |
| Phone Number (Home)                         |                                                                   |                                  | Work Number              |     |    |
| Mobile Number                               |                                                                   |                                  |                          |     |    |
| Home Address if different from child        |                                                                   |                                  |                          |     |    |
| Occupation                                  |                                                                   |                                  | Mother's Nationality     |     |    |
| Names of Siblings currently this School     |                                                                   |                                  |                          |     |    |
| FAMILY LAW: ARE ANY LEGAL ORDERS IN FORCE?  | Yes                                                               |                                  | No                       |     |    |

If YES, a meeting MUST be arranged with the Principal before the start of the school year to discuss implications, if any for the school.

Text-a-Parent: Which mobile number do you wish to receive the text-a-parent message:

### Language

Main Language Spoken At Home

Child's ability to speak English

Excellent

Very Good

Good

Basic

No English

Does your child have any language needs in your opinion  
If Yes please provide details

Yes

No

### Health

If your child(ren) have any medical/health/dietary issues please fill in Appendix 1, 2, 3, 4 & 5 of our Administration of Medicine Policy which can be found on our website & return with this form.

Medical/Health/Dietary Issues

Prescribed Medicine to be kept at school

Allergy to medicine

Child's Doctor

Phone Number

### Assessment

Assessment

Professional/ Agency

Date

Speech Therapy

Occupational Therapy

Psychological

Paediatric/Medical

|                                                                                                                                                                                                                                                                                                                                   |  |       |      |                        |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|------|------------------------|-----------|
| Other Assessments/Reports including pending                                                                                                                                                                                                                                                                                       |  |       |      |                        |           |
| Was you child in receipt of SNA support                                                                                                                                                                                                                                                                                           |  |       | Yes: |                        | No:       |
| <b>Emergency Contact (If parents/guardians are unavailable)</b>                                                                                                                                                                                                                                                                   |  |       |      |                        |           |
| Emergency Contact 1                                                                                                                                                                                                                                                                                                               |  | Name: |      |                        |           |
| Phone Number                                                                                                                                                                                                                                                                                                                      |  |       |      | Relationship to Child: |           |
| Emergency Contact 2                                                                                                                                                                                                                                                                                                               |  | Name: |      |                        |           |
| Phone Number                                                                                                                                                                                                                                                                                                                      |  |       |      | Relationship to Child  |           |
| Have you attached a Birth Certificate                                                                                                                                                                                                                                                                                             |  |       |      | Yes:                   | No:       |
|                                                                                                                                                                                                                                                                                                                                   |  |       |      |                        |           |
|                                                                                                                                                                                                                                                                                                                                   |  |       |      |                        |           |
|                                                                                                                                                                                                                                                                                                                                   |  |       |      |                        |           |
|                                                                                                                                                                                                                                                                                                                                   |  |       |      |                        |           |
|                                                                                                                                                                                                                                                                                                                                   |  |       |      |                        |           |
|                                                                                                                                                                                                                                                                                                                                   |  |       |      |                        |           |
|                                                                                                                                                                                                                                                                                                                                   |  |       |      |                        |           |
| <b>Acknowledgement and Consent</b>                                                                                                                                                                                                                                                                                                |  |       |      | <b>Yes</b>             | <b>No</b> |
| I consent to basic First Aid being administered to my child by school staff in the event of the child having an accident, sustaining an injury or becoming unwell                                                                                                                                                                 |  |       |      |                        |           |
| I consent to my child being brought to a DOCTOR or HOSPITAL in the event of an accident or medical emergency and to receiving such treatment and being administered such medicine as medical personnel consider necessary<br>Every effort will be made to contact you beforehand                                                  |  |       |      |                        |           |
| I consent to PHOTOGRAPHS and VIDEOS of my child being recorded and published on the school's website, the school newsletter, in-school publications, online platforms in use by the school (Aladdin, Google Classroom, etc.) and publications approved by the school in accordance with the school's Policy Regarding Photographs |  |       |      |                        |           |
| I consent to my child's engagement with such digital and internet based and learning platforms as have been selected by the school                                                                                                                                                                                                |  |       |      |                        |           |
| I consent to such educational / academic Screening and Diagnostic tests as are considered appropriate by the school being administered to my child to support their educational development                                                                                                                                       |  |       |      |                        |           |
| I consent to my child attending the Special Education Teacher if considered necessary by the school                                                                                                                                                                                                                               |  |       |      |                        |           |
| I consent to my child's participation in supervised OFF-SITE School Activities such as school tours, class trips, local sponsored walks, sporting events, visits to theatre, educational exhibitions, swimming lessons etc.                                                                                                       |  |       |      |                        |           |

|                                                                                                                                                                                                                                                                                                    |      |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|
| I have read and accept the school's Code Of Behaviour and I agree to make all reasonable efforts to ensure my child's compliance with same.                                                                                                                                                        |      |                          |
| I have read and accept the school's Anti-Bullying Policy and agree to abide by same.                                                                                                                                                                                                               |      |                          |
| I have read and accept the schools' Acceptable Use Policy and agree to abide by same.                                                                                                                                                                                                              |      |                          |
| I have read and accept the school's Complaints and Grievances Policy and agree to abide by same.                                                                                                                                                                                                   |      |                          |
| <b>Acknowledgement</b>                                                                                                                                                                                                                                                                             |      |                          |
| I am aware that the information on this form will be stored on the school's data management system and the Department of Education's Primary Online Database                                                                                                                                       |      |                          |
| I acknowledge and accept that the school shares pupil names and contact details with the HSE for the purpose of scheduling vaccination, hearing and vision screening and dental examinations.                                                                                                      |      |                          |
| I acknowledge that the Education (Welfare) Act 2000 (Section 28) and the (Prescribed Bodies) Regulations 2005 allows for the school to share relevant information concerning a child transferring between our school and another recognised school without breaching data protection law           |      |                          |
| I acknowledge and accept that the school teaches the Stay Safe Programme and the Relationships and Sexuality Programme, both of which are part of the Department of Education & Skills Social and Personal Health Education Curriculum.                                                            |      |                          |
| I will undertake to see that my child will attend school punctually and regularly                                                                                                                                                                                                                  |      |                          |
| <b>DECLARATION</b>                                                                                                                                                                                                                                                                                 |      |                          |
| I have read and understood the above consents and acknowledgements.                                                                                                                                                                                                                                |      |                          |
| I have read and understood the school's information booklet which is available on the School Website (or in hard copy from the office) and I undertake that I and my Child will comply with all school rules and policies. I wish to apply for the admission of my child to Lurga National School. |      |                          |
| Parent / Guardian Signature                                                                                                                                                                                                                                                                        | Date |                          |
| Parent / Guardian Signature                                                                                                                                                                                                                                                                        | Date |                          |
| <b><i>If you are the ONLY Parent/Guardian providing a signature, please tick and sign the applicable section below</i></b>                                                                                                                                                                         |      |                          |
| The child's other parent/guardian is fully aware of and in agreement with this enrolment application and is in agreement with the consents, terms and conditions as outlined                                                                                                                       |      | <input type="checkbox"/> |
| Parent/Guardian Signature                                                                                                                                                                                                                                                                          | Date |                          |
| I am the sole parent/guardian of my child and have sole custody                                                                                                                                                                                                                                    |      |                          |
| Additional Information that would be of assistance to the school                                                                                                                                                                                                                                   |      |                          |
|                                                                                                                                                                                                                                                                                                    |      |                          |