



Scoil Éinde Boys National School

Dr. Mannix Road, Salthill, Galway H91 Y725
Tel: 091 521 272 Email: scoileindegalway@gmail.com

Application Form

All applications must have a full Birth Certificate attached
Roman Catholic Applicants must have a Baptismal Certificate Attached

School Year of Entry: _____ Class into which child wishes to enter: _____

*Surname _____ *First Name: _____

*Birth Certificate Names:(if different from above) _____

*Address: _____ *Date of Birth: _____

_____ *Nationality of Child: _____

_____ *Child's PPS No: _____

*Eircode _____ *Religion: _____

This cannot remain blank - If none please write none

If a sibling already attends Scoil Éinde Name(s): _____

*Has your child attended any other school in Ireland **Yes/ No**

If yes, Previous schools Name: * _____ *Class _____

*If coming from outside Ireland, date of arrival: _____

Father's Details

Mothers's Details

*Name: _____ *Name: _____

Occupation: _____ Occupation: _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

*Mobile _____ *Mobile _____

Email: _____ Email: _____

*Mother's Birth Surname: _____

If parents are not available, who, in case of an emergency should we call:

Name: _____ Phone: _____

Relationship to child _____

*Child First Language _____

Language most spoken in you home



***Ethnicity/Cultural Background: Please circle which most applies to you**

White Irish	Irish Traveller	Roma	Arab
Any other White Background	Black Irish-African	Black Irish-any other black background	
Asian - Indian Pakistani Bangladeshi		Asian Irish-any other Asian background	
Other - Inc mixed background		Asian Irish - Chinese	

For Children of Non Irish Parent

*Mother/Father - Country of Birth: _____

*Did your child attend school in country of origin? **Yes/ No**

Has your child ever had a psychological assessment: **Yes/ No**

Has your child ever had a speech and language assessment: **Yes/ No**

If yes to either, please supply the school with copies of any report which have been carried out

Medical History/Conditions

Has your child any medical condition: _____

Medication: _____

Allergies: _____

Family Doctor: _____ Phone No: _____

Additional Needs:

List any additional needs that we should know about in order to give him the best experience of school life in Scoil Éinde.



PLEASE ANSWER **YES** OR **NO** TO THE FOLLOWING (**Please circle as appropriate**)

*Has your child attended Playschool/Montessori? YES / NO	In Ireland?	Yes/ No
Do you give permission for your child to attend the Special Education Teacher if deemed necessary		Yes/ No

Do you give permission for school reports & other relevant documentation be transferred from previous school to Scoil Éinde?	Yes/ No
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Do you give permission for your child to take part in the 'Stay Safe, Relationship & Sexuality Education Programme'?	Yes/ No
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Has your child suffered from any loss or trauma	Yes/ No
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Does any legal order under family law exist that the school should know about?	Yes/ No
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N.B. The school should be made aware of any court order that affects the child's welfare and also the name of any person into whose custody the child should be given

During the course of the school year, all classes participate in a variety of different activities outside the school premises. These include, for example, sporting activities, educational tours and other activities.

I/We give permission for our child to participate in school trips and tours that may arise:	Yes/ No
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I/We give consent to the staff of Scoil Éinde to obtain professional medical aid for our child in case of a medical emergency or serious injury:	Yes/ No
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HSE's School Health Programme: In order to comply with Data Protection legislation, we require your permission to pass on your information to the HSE	Yes/ No
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I/We give permission for our child's photograph (but not their name) and artwork to be published on Scoil Éinde's Website/Facebook/Instagram/newsletter:	Yes/ No
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I/We would like our child to make his First Holy Communion & Confirmation.	Yes/ No
<i>N.B. Baptismal Certificate required on application</i>	

I/We give permission for my child to use the internet under the supervision of a teacher as per the Scoil Éinde Internet Use Policy:	Yes/ No
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NOTE: Information with an asterix * beside it will be forwarded to the Department of Education & Skills. Do you consent?

Yes/ No

I/We have read & agree to accept the Code of Discipline of Scoil Éinde:

Yes/ No

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

This form must be accompanied by a copy of the child's birth certificate and a Baptismal Certificate if Roman Catholic

