



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

*Name: _____

Occupation: _____

Phone (H) _____ (W) _____

*Mobile _____

Email: _____

Mothers's Details

*Name: _____

Occupation: _____

Phone (H) _____ (W) _____

*Mobile _____

Email: _____

*Mother's Maiden Name: _____

Applicable if child has no PPSN

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



The following in the 'highlighted' box is a new requirement by the Dept. of Education

For Children of Non Irish Parent

*Mother/Father - Country of Birth: _____

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

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

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

I give consent to have this information shared with the Dept of Education: **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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There are forms to be filled out during the school year where the name of your child(ren). In order to comply with Data Protection legislation, we require your permission to pass on this information to the relevant body.	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
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Scoil Éinde Boys National School

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**

