# Scoil Charthaigh Naofa, Rahan, Tullamore, Co. Offaly

Phone: 057 9355393 Email: rahannationalschool@gmail.com Roll No.: 20273A

### MOCHUDA ADMISSION FORM

**CHILD TO BE ENROLLED:**

Name in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 P.P.S. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distance from School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EIRCODE:**

**PARENTS:**

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBERS**:** Mother: HOME\_\_\_\_\_\_\_\_\_\_\_\_ WORK\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE \_\_\_\_\_\_\_\_\_\_\_\_\_

 Father: HOME\_\_\_\_\_\_\_\_\_\_\_\_ WORK\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE \_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON(S) WHOM SCHOOL MAY CONTACT IN ANY EMERGENCY WHEN NEITHER PARENT IS AVAILABLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### DO YOU GIVE PERMISSION (YES/NO):

##### TO TAKE THE CHILD STRAIGHT TO HOSPITAL IN CASE OF A SERIOUS ILLNESS OR ACCIDENT? \_\_\_\_\_\_\_\_\_\_\_\_\_

##### FOR YOUR CHILD’S PHOTO / WORK TO BE PRESENTED ON THE SCHOOL WEBSITE/MEDIA OUTLETS? \_\_\_\_\_\_\_\_\_\_

##### TO CHANGE YOUR CHILD’S CLOTHING IF NECESSARY? \_\_\_\_\_\_\_\_\_\_

##### FOR YOUR CHILD TO BE OBSERVED BY HSE OT/SLT/PSYCHOLOGIST AND FOR THEIR NEEDS TO BE DISCUSSED WITH CLASS TEACHER? \_\_\_\_\_\_\_\_

1. **FOR CLASS TEACHER TO CONTACT HSE OT/SLT/PSYCHOLOGIST/ OTHER AT OTHER TIMES IN THE YEAR TO DISCUSS YOUR CHILD’S NEEDS AND OBTAIN SUMMARY REPORTS?**

**EXTERNAL PROFESSIONALS (IF KNOWN):**

DIAGNOSED BY:

EDUCATIONAL PSYCHOLOGIST:

OCCUPATIONAL THERAPIST:

SPEECH & LANGUAGE THERAPIST:

OTHER (DIETICIAN/PAEDIATRICIAN/ETC.):

###### MEDICAL:

NAME OF FAMILY DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS, ALERGIES (INCLUDING FOOD ALLERGIES) AND/OR DIETARY REQUIREMENTS THAT THE SCHOOL SHOULD KNOW ABOUT (e.g. ASTHMA, EPILEPSY, DIABETES ETC.)? Yes No

Please give details, including what action should be taken in an emergency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

MEDICATION:

###### PREVIOUS PRE SCHOOL/ SCHOOL:

If this is not your child’s first school, please give the following information:

NAME & ADDRESS OF LAST SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### DOES ANY LEGAL ORDER UNDER FAMILY LAW EXIST THAT THE SCHOOL SHOULD KNOW ABOUT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANY OTHER INFORMATION THAT THE SCHOOL SHOULD BE AWARE OF (e.g. change in family circumstances etc.):**

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

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Parent / Guardian) Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Parent / Guardian) Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**.**

The details on this form remain in place while your child is in this school. Please inform us in writing of any changes of address , telephone etc.