Scoil Náisiúnta Naomh Maelruan Sóisear Application Form for Enrolment

Child's Name	_ PPS No. _ Religion
Child's Nationality If not Irish, Year of arrival in Ireland Father's Nationality Mother's Nationality Language spoken in the home Name of Playschool Attended Time of Day Attendedam/pm	
Have you registered you child in any other school(s If Yes, name of school(s)	s)? Yes No No
Do you intend to register your child in any other so	
Names of brothers/sisters presently attending th	
Names of brothers/sisters who are past pupils of	Senior School
Parent past pupil of this school or Senior School	Father Yes No Mother Yes No
	Morriel 765 140
Mother/Guardian's Name Far Address Ad Mobile Phone No Mo Occupation Occupation Place of Work Place	ther/Guardians Name
Medical Infor	
Name of G.P	ss? Yes No
Has your child ever been referred to an agency pree.g. Child Guidance Clinic/Speech Therapy etc.? If Yes, please specify Do you have any professional reports for your child	Yes No
If Yes, please forward copies to the school.	<u>Consents</u>
Do you give permission for your child to be taught Grow in Love Religious Education Programme? If No, do you give permission for your child to be to Church during the year?	the Yes No

In the event of an emergency, if the school is unable to contact you, do you give permission for your child to be taken to a doctor/hospital? Yes No	
Do you give permission for your child to be included in photographs of school activities? Yes No	
Do you give permission for these photographs to be displayed on the school website from time to time? Yes No	
Do you give permission to your child to participate in supervised out of school activities? Yes No	
Liaison with other schools, agencies, special education teachers	
I/We give consent to Scoil Maelruain Junior to discuss my/our child with his/her playschool/agencies.	
I/We give consent to playschool/agencies to forward copies of any professional reports and school reports to Scoil Maelruain Junior.	
I/We give our consent to Scoil Maelruain Junior to discuss my/our child with the National Council for Special Education (NCSE) and to submit copies of professional reports in the application for support services.	
Special Educational Support	
Your child will be assessed formally and informally each year by your child's teacher. Your child may be referred by the class teacher to a Special Education Teacher for additional assessments. If required, I/We give consent to a Special Education Teacher to assess my/our child. If required, I/We give consent to my child to attend Learning Support/Language Support and/or social groups.	
Signature of Parent/Guardian Date	
OFFICE USE ONLY	
Submitted to: Staff Member's Signature	