

Scoil Náisiúnta an Teaghlaigh Naofa

Killeen, Louisburgh, Co. Mayo

(098) 68651

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www.killeenns.com

APPLICATION FOR ADMISSION OF NEW PUPILS

NAME OF PUPIL: _____

PPS NO: _____

GENDER: _____

DATE OF BIRTH: _____

ADDRESS: _____

EIRCODE: _____

HOME PHONE NO: _____

RELIGION: _____

IRISH VERSION OF CHILD'S NAME: _____

FORMER SCHOOLS: _____

CLASS IN FORMER SCHOOL: _____

FATHER'S NAME: _____

MOBILE NUMBER: _____

WORK NUMBER: _____

OCCUPATION: _____

MOTHER'S NAME: _____

MOBILE NUMBER: _____

WORK NUMBER: _____

OCCUPATION: _____

School text messages will automatically be sent to the mother's mobile number. Please indicate if you would like messages to be sent to a different number: _____

We endeavour to communicate letters and newsletters to parents via email. Please continue to check your child's schoolbag for occasional notes/letters.

EMAIL ADDRESS(ES): _____

IF OTHER MEMBERS OF THE FAMILY ALREADY ATTEND KILLEEN NS PLEASE STATE:

NAME: _____ CLASS: _____

NAME: _____ CLASS: _____

IS YOUR CHILD LIVING WITH (PLEASE CIRCLE):

BOTH PARENTS ONE PARENT GRANDPARENTS CARERS OTHER

WHO ARE THE LEGAL GUARDIANS OF YOUR CHILD:

NAME, ADDRESS AND PHONE NUMBER OF FAMILY DOCTOR:

ANY CHILDHOOD ILLNESSES/ALLERGIES:

ANY MEDICAL PROBLEMS: _____

IS YOUR CHILD ON ANY MEDICATION? _____

ANY PROBLEMS WITH HEARING, SIGHT, SPEECH AND LANGUAGE? _____

ARRANGEMENTS TO BE MADE IF YOUR CHILD IS ILL IN SCHOOL:

While we make every effort to ensure the safety of your child, we may need to contact you in the event of an accident or an unexpected closing.

Please fill in the following:

Emergency / Alternative Contact (not your own number):

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PLEASE ATTACH CHILD'S BIRTH CERTIFICATE WHICH WILL BE RETURNED.

Should any of these details change while your child is attending the school please inform us immediately.