SCOIL LORCAIN

**Application Form for entry to JUNIOR INFANTS Year of Entry: 2024**

**This form must be accompanied by the following:**

**Copy of Original Birth Certificate, Copy of Original Baptismal Cert (if relevant) and utility bill (no older than 3 months) and Eircode Details or the application will not be processed.**

**Please use BLOCK CAPITALS and *complete all sections of this form***

|  |  |
| --- | --- |
| **Child’s Name: Surname:** | **Date of Birth:** |
| **Country of Birth:** |
| **Nationality:** **If dual citizenship: where Irish is one, please choose Irish** | **Is your child’s mother tongue (i.e., language spoken at home) Irish, English or other? YES: / NO** **If Other State which:** |
| **Address:** | **Number of years living in Ireland** **(if not born here):** |
|  | **Number of children in family:** |
| **Eircode:** | **Child’s place in family:** |
| **Religion if any:** | **P.P.S. Number:****This must be filled in:** |
| **Siblings already attending this school:** |

|  |  |  |
| --- | --- | --- |
| **Mother’s Information** | **Father’s Information** | **Emergency Contact No:** |
| **Name:** | **Name:** | **Name:** |
| **Surname**: | **Surname**: | **Surname**: |
| ***Maiden* Surname:** |  | **Relationship to Child:** |
| **Country of Birth:** | **Country of Birth:** | **Country of Birth:** |
| **Occupation:** | **Occupation:** | **Occupation:** |
| **Contact/Mobile Phone:** | **Contact/Mobile Phone:** | **Contact/Mobile Phone:** |
| **E-mail:**  | **E-mail:** |  |

|  |  |
| --- | --- |
| **Has your child attended pre-school? Yes/No** | **Can we contact the Pre-school? Yes / No** |
| **Name of pre-school:** | **From / To:** |
| **Has your child attended another primary school** | **Yes / No** |
| **Name of school attended:****Roll No (Please ask previous school):** |  **From/To:** |
| **Has your child been referred for any of the following:** **Speech Therapy?**  Yes / No **Occupational Therapy?** Yes / No**Psychiatric / Psychological Assessment?** Yes **/** No |
| **Does your child have Special Needs?** Yes **/** No (If yes, please make an appointment to see the Principal) |
| **Does your child have any medical conditions** / **allergies?** Yes **/** No(If yes, please describe briefly) |
| **Do we have permission in the event of an emergency to take your son directly to hospital.** Yes **/** No |
| **Does any legal order under family law exist that the school should know about?** Yes **/** No(If yes, please describe briefly) |

|  |
| --- |
| **I agree to familiarize myself with all school policies (which I can examine) agree to abide by them and agree to discuss them at an appropriate level with my child [ ]** |
| **I permit St. Lorcan’s to give my contact details to the HSE for the purpose of free medical checks provided during my child’s years in primary school. [ ]**  |
| **I permit my child to be taken on occasional school Educational Excursions. [ ]** |
| **I permit images of my child to be included on school-related displays & occasionally on our school website. (Image and name never together.) [ ]** |
| **I permit my child to partake in our Stay Safe & RSE Programmes. [ ]** |
| **To allow teachers, including Learning Support teachers, to administer diagnostic tests e.g., in Reading, Spelling, Mathematics etc., at different times during their time in school. [ ]** |
| **To allow name, address & copies of Baptismal Cert to be given to the local Church for First Holy Communion & Confirmation Ceremonies. [ ]** |

**Please note that the information provided on this form will be added onto the Primary Online Database (POD), as required by the Department of Education & Skills for all children attending Primary School in Ireland.**

***The submission of this completed application form and accompanying documents does not guarantee an offer of a place.***

***Please see the School Enrolment Policy.***

**Signature of Parent (s) / Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Use. Enrolment Policy Given: Date Received: .**

***This form must be accompanied by the following:***

***Copy of Original Birth Certificate, Copy of Original Baptismal Cert (if relevant) and utility bill (no older than 3 months) and Eircode Details or the application will not be processed.***