



Application Form

Killashee Multi-Denominational National School

Please use Capital Letters - All sections must be fully completed

PUPIL AND FAMILY INFORMATION

Full Surname:

First Name: **Date of Birth :**
(Shortened version if applicable) (Copy of Birth Certificate **MUST** be attached)

PPS Number: **Nationality:** **Male/Female:**

Permanent Address:

.....

Eircode:

Home Phone No. **Daytime Emergency Contact No.**

Parent One Name: **Nationality:**

Parent One Email: **Mobile No.**

Parent Two Name: **Nationality:**

Parent Two Email: **Mobile No.**

Parent One Address (if different from child's):

.....

Eircode:

Parent Two Address (if different from either Parent One or Child's):.....

.....

Eircode:

If neither Parent or Guardian is available, in case of an emergency please contact:

Name: **Relationship with child:**

Tel. No. (Home/Work): **Mobile Phone No.**

Total number of children in family:

Position of child in family: First – Second – Third – etc.....

Names and ages of other children in family:.....

Siblings currently attending Killashee School:.....

.....

Language spoken most often at home:

Other languages spoken at home:

Will your child need additional English tuition?

Legal Guardian's Name:**Tel:**

Any special family circumstances pertaining:

Desired date of admission to Killashee School:

Desired Class:

MEDICAL INFORMATION

(Hearing, Sight etc) You must include information which might have a bearing on the child's adjustment to school:-

Does your child suffer from any allergies or medical conditions of which we should be aware?

Yes / No. If yes please give details:.....

Is your child currently receiving any medication you feel we should be aware of? Yes / No

If yes, please give details:

.....

In the event of a medical emergency, do you give your consent for us to take your child to a doctor or hospital? Yes / No

If no please give reasons:

Name of GP:..... **Tel:**.....

In order to help us to help your child more effectively, please advise of any other personal information that might be relevant to his/her attendance at Killashee School. For example speech/language assessments, hearing/sight test results, psychological assessments, bereavement/divorce/separation/new baby/house move.

(Additional information can be included on a separate sheet)

PREVIOUS SCHOOL INFORMATION

Name of Pre-School/Play Group (if any):

Contact Telephone No.

Previous Primary School (if any):

Name: Address:
(if child is transferring)

Contact Telephone No. Class:

All personal information will be kept strictly confidential.

I/We understand that the completion of this enrolment application form does not guarantee that a place in the school will be made available to my/our child.

I/We confirm that all the information entered on this enrolment application form is fully correct to my/our knowledge.

Parent One's signature:

..... Date:.....

Parent Two's signature:

..... Date:.....

Killashee School operates a Code of Behaviour which is revised as necessary (in conjunction with the Board of Management) and we expect all families to support its implementation.

The Board of Management reserves the right to seek further information.

This form should be returned as soon as possible in an envelope addressed to Killashee School Office, Kilcullen Road, Naas, Co Kildare W91 YV60 and marked 'School Application Form'.