

Scoil Mhuire Brusna
Brusna National School
Brusna, Ballaghaderreen, Co Roscommon
Email: brusnans@gmail.com
School roll no: 17904P

Application for Admission of new pupils to Brusna National School

Class Enrolling for : _____ **Commencement Date:** _____

Child's Details:

Childs name: _____ D.O.B: _____

Address: _____

Eircode: _____

Mobile Number: _____ PPSN No: _____

Nationality: _____ Is English the spoken language at home? Yes ___ No ___

Religion: _____ Male ____ Female ____

Parents Details:

Mother/Legal Guardian Name: _____ Maiden name: _____

Mobile: _____ Work No: _____

Mothers Maiden Name: _____

Occupation: _____ Nationality _____

E-mail (print clearly) _____

Father/Legal Guardian Name: _____

Mobile: _____ Work No: _____

Mothers Maiden Name: _____

Occupation: _____ Nationality _____

E-mail (print clearly) _____

Textparent Mobile no: _____

In the event that neither parent/guardian can be contactable please provide an alternative contact person and number:

Name: _____ Mobile No: _____

With whom does the child normally live with? Both parents__ Mother __ Father __

Details of any legal orders affecting the family:

Child's Position in family: ____ out of ____ children

Medical Details:

Doctors name: _____ Phone No : _____

Is your child allergic to any medication? Yes __ No __

If yes please state: _____

If your child required medical attention during the school day, please read and familiarize yourself with the school's 'Administration of Medicines Policy' avail from the front office.

Does your child have a medical, physical or emotional disability? Yes __ No __

Has your child any hearing or sight defects? Yes __ No __

Does your child have any special needs? Yes __ No __

Does your child have any behavioural problems? Yes __ No __

If your child attends any of the following , please indicate accordingly.

Speech & Language Therapy Y\N ____ Counselling Y\N __

Psychologist Y\N ____ Occupational Therapy Y\N ____

Counselling Y\N ____

If there are written reports in relation to any of the above, a copy must be provided to the school.

Consents

I consent that my child may receive any necessary medical care from a doctor, hospital etc, in the event of an accident or illness where the school is unable to contact the parents/guardians.

Yes ___ No ___

I consent to my child's clothes be changed by school staff if they get soiled or wet?

Yes ___ No ___

I consent to my child going on supervised school outings such as local walks, school visits, school trips, sporting events etc.

Yes ___ No ___

I consent to in-school screening and diagnostic tests and follow up learning support, if the school deems it necessary.

Yes ___ No ___

I, the undersigned,

- Am aware that the school teaches the Stay Safe Programme and the Relationships and Sexuality Programme, both of which are part of the Department of Education & Skills Social and Personal Health Education Programme.
- Am aware that the information on this form will be stored on the school's data management system and the Department of Education's Primary Online Database.
- May be shared with the HSE
- Agree to the school's Internet Acceptance Use Policy for Pupils.

I have read and understood the above consents. I wish to enrol my child in Brusna NS. I undertake to see that my child/ children will attend school punctually and regularly. I have read and understood all the above information.

Signature of Parent: _____ Date : _____

Signature of Parent: _____ Date : _____

