**ST. SAVIOUR’S NATIONAL SCHOOL**

**BALLYBEG DRIVE, WATERFORD X91 Y472.**

**Phone: 051-372621 Email: secretary@stsavioursns.ie**

**Application for St. Saviour’s National School for year 26/27**

|  |  |
| --- | --- |
| Childs Name |  |
| Date of Birth |  |
| Address |  |
| Eircode |  |
| PPS Number |  |
| Gender |  |

|  |  |  |
| --- | --- | --- |
|  | Parent/Guardian 1 | Parent/Guardian 2 |
| Name |  |  |
| Address |  |  |
| Mobile Number |  |  |
| Alternative/Work Number |  |  |
| Email Address |  |  |
| Signature |  |  |

Mobile number for school texts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Nationality of child |  |
| If not born in Ireland what year did you arrive? |  |
| Religion of child |  |

Is one of the pupil’s main languages (language spoken at home) Irish or English? \_\_\_\_\_\_\_

If not what is the pupil’s main language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To which ethnic or cultural background group does your child belong (Please circle)

|  |  |  |  |
| --- | --- | --- | --- |
| White Irish | Irish traveller | Roma | Any other white background |
| Black or black Irish- African | Asian or Asian Irish- Chinese | Any other Asian background | Other including mixed background |
| No consent |  |  |  |

If you do not consent to share ethnic/cultural data with the Department of Education please tick the box.

Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of brothers and sisters currently in this school (if any):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child attended school or creche previously? If yes please give name and contact details below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Relationship to Child | Telephone Number |
| Emergency Contact 1 |  |  |  |
| Emergency Contact 2 |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you give permission to administer emergency first aid if needed? |  |  |
| Do you give permission to take your child to hospital in case of serious illness/accident? |  |  |
| Do you give permission for your child to be photographed in school activities? |  |  |
| Does any legal order exist under Family Law that the school should be aware of? If yes please speak to the principal prior to admission and provide relevant paperwork. |  |  |

St. Saviour’s NS teaches the Stay Safe and Relationships and Sexuality programme as part of the SPHE curriculum and Department of Education guidelines. If you do not want your child to participate in these lessons you must apply in writing to the principal.

From time to time your child may receive support teaching either on an individual or group basis. We also offer station teaching and in class support. Children can receive additional support for numerous reasons including literacy, numeracy, social skills, motor skills etc. If you have any questions regarding this please speak to the class teacher.

**Additional Needs:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your child have any allergies? If yes please provide details below |  |  |
| Does your child have any illnesses that the school should be aware of e.g. asthma, diabetes, epilepsy? If yes please provide details below. |  |  |
| Has your child got any diagnosed special educational needs? If yes please provide details below and forward all reports to the school. |  |  |
| Is your child awaiting referral or is on a waiting list for any services e.g. SLT, OT, Psychology, CAMHS? If yes please provide details below. |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the responsibility of the parent to complete a medical indemnity form each September and ensure the medicine needed is on site and in date as per our Administration of medicines policy. Please speak to the HSCL teacher each September.

Under new GDPR guidelines we will need your permission to share information regarding your child e.g. for dental clinic, immunisation team, school public health nurse who screens sight and hearing. Please sign below to give your permission for these details to be shared. Failure to sign may result in your child not being called for routine check ups etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

**Application Checklist:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I have completed all sections of the application form. |  |  |
| I have read and accept the Code of Behaviour of St. Saviour’s National School and I will make all reasonable efforts to make sure my child is compliant with this code. |  |  |
| I have included my child’s PPS number. |  |  |
| I have attached a copy of my child’s birth certificate. |  |  |
| I have provided recent proof of address (within the last 3 months). |  |  |
| I understand that if any of the information provided on this application is false/misleading that the school reserve the right to retract any offer of a place in St. Saviour’s NS. |  |  |

If this application is being signed by **1 parent only** please read and sign the following declaration:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that both parents/guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are aware of this application and consent to this enrolment application to St. Saviour’s National School.

For office use only:

Application received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.