Please note that this is an Application Form for admission and does not constitute an offer of a place, implied or otherwise.

| All Application Forms and accompanying documentation should be sent to:   | For office use only |
|---|---------------------|
| office@glenasmolens.com   | Date received:      |
| Or  |                     |
| Glenasmole National School, Bohernabreena, Dublin D24 YC57 to apply for a place for your child.   | School Stamp:       |
| A copy each of your child's Birth Certificate and Baptismal Certificate (if any) must be attached.  |                     |
| The Admissions policy and Annual Admissions Notice are available on <a href="https://www.glenasmolens.com">www.glenasmolens.com</a> or from the school on 01 462 4143 or at <a href="https://office@glenasmolens.com">office@glenasmolens.com</a> |                     |

| Personal Information about child to be enrolled - all sections must be completed |  |                     |  |  |
|--|--|---------------------|--|--|
| Birth Cert Forename:   |  | Birth Cert Surname: |  |  |
| Date of Birth:   |  | Gender:             |  |  |
| Address:   |  |                     |  |  |
| Eircode:   |  |                     |  |  |
| Nationality:   | Please attach photocopy of birth certificate | PPS number:         |  |  |
| Language of home:  | English (                                    |                     |  |  |

|   | Irish  Other (please specify):   |  |  |  |
|---|--|--|--|--|
| Ethnic or cultural  | Please choose one of the following: White Irish, Irish Traveller, Roma, Any other White Background, Black African, Any |  |  |  |
| background:   |  | n Background, Other (Mixed background), No consent |  |  |
|   |  |  |  |  |
| Religion (if any):  |  |  |  |  |
| Place and Date of<br>Baptism:   | Please attach photocopy of baptismal certificate if child has been baptised  |  |  |  |
| Preschool/Previous<br>School attended:  |  | Address:   |  |  |
| Does your child have a sibling attending the school?  | Yes No If yes, please give details:  |  |  |  |
| Has your child ever<br>been referred to any<br>outside agencies?  | (e.g. speech therapist, occupational therapis<br>Yes⊖ No ⊖ If yes, please give details:                                | st, counselor, psychologist)                       |  |  |
| Does your child have any special needs?   | Yes ○ No ○ If yes, please give details:  |  |  |  |
| Does your child have a psychological or medical assessment report which recommends provision of an additional teaching resource   | Yes○ No ○ If yes, please give details:   |  |  |  |
| Please state any information, in relation to your child/children, medical or otherwise, of which the school staff/people in contact with your children should be aware (this information will be treated as highly confidential): e.g. allergies, asthma, family concerns, parents live apart |  |  |  |  |
|   |  |  |  |  |
| Is your child eligible for the school bus? (More than 3.2km  Yes  No  |  |  |  |  |
| from nearest primary sch  |  |  |  |  |
| Family Doctor's Name & '  | ielepnone Number   |  |  |  |
|   |  |  |  |  |

| Parent / Guardian Information |         |         |  |
|-------------------------------|---------|---------|--|
| Name(s):                      | Mother: | Father: |  |

| Previous Name(s) e.g. maiden name:  |  |                |               |                             |          |               |      |
|---|--|----------------|---------------|-----------------------------|----------|---------------|------|
| Address(es):  |  |                |               |                             |          |               |      |
|   |  |                |               |                             |          |               |      |
| Occupation:   |  |                |               |                             |          |               |      |
| Phone Numbers:  | Home:  |                |               | н                           | ome:     |               |      |
|   | Work:  |                |               | V                           | Vork:    |               |      |
|   | Mobile:  |                |               | Мс                          | bile:    |               |      |
| Email:  |  |                |               |                             |          |               |      |
|   |  |                |               |                             |          |               |      |
| Em  | nergency Contact (if we  | cannot make    | contact wi    | ith narents/guardi:         | ans)     |               |      |
| Name:   |  |                |               |                             |          |               |      |
| Telephone:  |  |                | Relationsh    | in to Child:                |          |               |      |
| . c.op.iic.iic.i  | Telephone: Relationship to Child:  |                |               |                             |          |               |      |
| Our school website <a href="www.glenasmolens.com">www.glenasmolens.com</a> contains information for parents with regard to our policies and procedures at Glenasmole School. By enrolling your child in this school, you are understood to agree to uphold and support these policies. Please indicate below that you have read the policies and that you and your child will uphold them. In addition, we request specific consent from you as parents for the items listed below. You are welcome to view the complete policies referred to in the website by making an appointment with the Principal. |  |                |               |                             |          |               |      |
|   |  |                |               |                             |          |               | Tick |
|   | ation on the Glenasmole<br>within it. (please tick box to in   |                |               |                             | polic    | ies and       |      |
| I have read the Glenas<br>to uphold policy)   | mole School Code of Be   | haviour & Disc | cipline (plea | ase tick box to indicate yo | u have r | ead and agree |      |
| I am aware that the sc  | I am aware that the school has a Child Safeguarding Statement. (please tick box to indicate you agree to uphold policy)  |                |               |                             |          |               |      |
|   | I am aware that the school has a photography policy and I consent to photographs of my child being used in accordance with that policy. (please tick box to indicate you agree to uphold policy) |                |               |                             |          |               | [    |
| I am aware the school has an Acceptable Usage policy for the internet. I consent to my child using the internet in accordance with this policy. (please tick box to indicate you agree to uphold policy)  |  |                |               |                             |          |               |      |
| I am aware that the school has a Relationships and Sexuality Education policy. I consent to my child taking part in the Stay Safe programme. (please tick box to indicate you agree to uphold policy)   |  |                |               |                             |          |               |      |
| I am aware that the school may administer a screening test to children in Junior and Senior Infants classes to assess their need for Learning Support. I consent to this test being administered to my child. (please tick box to indicate you agree to uphold policy)  |  |                |               |                             |          |               |      |

I am aware that the school occasionally may provide food or treats for the children, as part of a lesson or as a reward. I consent to my child being offered food or treats at school and I confirm that I have noted any allergies on the previous page.

| We understand that the information contained in this form may be used by the school in accordance with its Data Protection Policy and may be disclosed to other agencies in accordance with legislation, including the Primary Online Database maintained by the Department of Education and Skills. We understand that the receipt of an application form does not guarantee that the child will be offered a place. It is our responsibility to inform the school of any change of address, telephone number or other relevant information. If we do not respond to a confirmed offer of a place within the requested time, the place may not subsequently be available. A copy of the Admissions Policy may be obtained from the school and is available on www.glenasmolens.com |         |                   |                   |                |  |  |
|---|---------|-------------------|-------------------|----------------|--|--|
| Signed:   | Mother: |                   | Father            |                |  |  |
| Date:   |         |                   |                   |                |  |  |
|   |         | ı                 | Γ                 | 1              |  |  |
| Checklist   |         | Checked by parent | Checked by school | Date received  |  |  |
| Birth Certificate attached  |         |                   |                   |                |  |  |
| Baptismal Certificate attached (if any)   |         |                   |                   |                |  |  |
| Both sides of form fully completed  |         |                   |                   | Date processed |  |  |
| Form signed by both parents   |         |                   |                   |                |  |  |
| Incomplete forms cannot be processed  |         |                   |                   |                |  |  |