

**APPLICATION FOR ENROLMENT 2024/2025**

**COOSAN NATIONAL SCHOOL**



**Before completing this Application for Enrolment Form, please sign here confirming you have read the Admissions Policy**

**Signature: (1st parent/guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(2nd parent/guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**USE BLOCK CAPITALS PLEASE**

1. **Name of child as on Birth Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **P.P.S. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(The P.P.S. number is required by the Department of Education & Skills for registration purposes).*
3. **Nationality of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Mother’s maiden surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Home Address**

**Eircode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mandatory)**

***\*Please attach copy of two Utility Bills to confirm home address, (within 3 months of issue)***

***The following are examples of acceptable bills- (ESB Bills, Revenue Bills, Bank Statements) Please note that Mobile Phone Bills are not acceptable bills as proof of address)***

**6. Name and standard (class) of sibling(s) already in the school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Number of children in the family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Placing of child (1st, 2nd etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Date of Birth:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**10. (a) Parent(s)/Guardian(s): The following information on both parents is needed for registration purposes.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Language/s spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of arrival in Ireland: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(b) With whom does the child normally reside: Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(c) Is the family a one-parent family (this includes one-parent, separated and widowed families)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*PLEASE ATTACH* ***ORIGINAL*** *BIRTH CERTIFICATE*

**11. Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12.Place of Baptism (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*PLEASE ATTACH COPY OF BAPTISIMAL CERTIFICATE if your child was baptised outside the parish.*

*(This is used for First Holy Communion purposes .It is not used as criteria for enrolment.)*

**13. Name and address of pre-school or previous school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**14. Phone no. of previous pre-school/school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I give permission to Mr. Stephen Cunningham (Principal) and relevant members of staff of Coosan National School to discuss the needs of my son/daughter, with the Manager/Principal of the pre-school/school listed above.*



**15. Name and phone no. of Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**16. Has your child any special medical needs i.e. allergies, asthma, etc.:**

***If yes, please give brief details*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**17. Has your child ever been referred to a specialist by your doctor?**

***If yes, please give brief details of referral:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**18. Does your child appear to have any difficulties with the following:**



**Hearing: Speech: Vision:**

***If you have answered yes to any/all of the above please give details (use the back of this sheet if necessary)***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**19. Has your child been assessed or referred for psychological assessment i.e. behaviour, emotional etc.?**

***If yes, please attach all relevant details and reports.***

**20. Has your child any special educational requirements i.e., Speech Therapy, Occupational Therapy etc.?**



***If yes, please give brief details:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**21. Is this application for (i) mainstream ?**



**(ii)Special Education Class ?**

**22. Is there any other information you would like us to know:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Coosan National School

Emergency Numbers

We make every effort to ensure the safety of your child; we may need to contact you in the event of an accident or an expected closing. Please fill in the following information, to enable us to update our records should we need to contact you during the school day.

**TEXTAPARENT:**

Coosan National School contacts parents/guardians of our pupils by text message. Please write your preferred number for receiving text messages here. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Child’s Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# Mother’s/Guardian’s Contact No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Father’s/Guardian’s Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following with contact numbers of 2 people who are available if the school has difficulty contacting parents/guardians. It is important that these persons are aware that they are on your child’s emergency contact number list.

Please note the numbers below are not mobile numbers of parents/guardians

| 1. **Emergency Contact No:** | 1. **Emergency Contact No:** |
| --- | --- |
| **Relationship of Contact to child:** | **Relationship of Contact to child:** |

* **Should these numbers change while your child is attending this school please inform us immediately.**

**Permission Slips**

**Educational Screening Tests**

During your child’s time in Coosan National School he/she will undergo various Educational Screening Tests. Your child may also be withdrawn from class for assessment, to access extra support and/or participate in in-class support with a member of the SEN Team.

Should my child require educational screening testing during his/her time in Coosan National School, I give permission for these tests to be carried out.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

**Discipline**

I undertake to support, co-operate and carry out Coosan National Schools Discipline and Behaviour Policy in the interest and welfare of the whole school community. My child will wear the full school uniform.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

**Photographs of Students**

Sometimes journalists visit our school to take pictures/videos of the children e.g. awards/prizes, sporting events, first day at school etc. Please visit our school website [www.coosannationalschool.ie](http://www.coosannationalschool.ie). In the case of website photos, student names will appear on the website as a caption to the picture. The Board of Management cannot be held responsible for pictures/video taken by parents/guardians at outings, celebrations, school performances etc.

**Consent: If you are happy to have your child’s photograph taken as part of school activities and included in all such records, tick here.** 

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

**Stay Safe Programme / RSE Programme**

I understand the participation in the Stay Safe Programme is compulsory and accept my child’s participation in the Stay Safe / RSE Programme:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

**Information Sharing**

Sometimes the school is requested to pass on names of children and their addresses to the Health Board for immunisation purposes; to schools when children are transferring to another school; to sporting bodies when children are taking part in games outside the school. Information data is also stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills. If you allow the school to pass on this information to these bodies, please tick. 

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

**School Outings**

Do you give permission for your child to go on school trips under teacher supervision during the school day e.g. trips to the local town park, local historical buildings etc.



Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

***In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies. I agree to support the staff in their effort to provide a positive learning experience for all children in the school.***

**1st Parent/Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Parent/Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**





**\**PLEASE DON’T FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD’S DEVELOPMENT AND/OR NEED***

***Checklist***

***Please check you have completed this Application for Enrolment Form by ticking the following boxes.***

***Tick***

| 1. ***Have you read the Admissions Policy of Coosan National School?*** |  |
| --- | --- |
| 1. ***Have you included your Eircode on the Application form?*** |  |
| 1. ***Have both parents (if both are legal guardians) signed all consent pages?*** |  |
| 1. ***Have you included a copy of two acceptable Utility Bills (within 3 months)?*** |  |
| 1. ***Have you included your child’s original Birth Certificate?*** |  |
| 1. ***Have you included a copy of your child’s Baptismal Certificate (if applicable)*** |  |
| 1. ***Have you included a copy of all assessments relating to your child’s development***   ***and/or needs (if applicable)*** |  |
| 1. ***Have you attached a recent photograph of your child on the Application form*** |  |

**Enrolment Forms cannot be accepted if all the above are not provided. Form must be completed and returned to the school before 3pm on February 29th, 2023**

***Go raibh maith agat/agaibh.***