

PLEASE
ATTACH A PASSPORT
PHOTO
Digital Photo
Accepted

**APPLICATION FOR ENROLMENT 2026/2027
COOSAN NATIONAL SCHOOL**



Any information you give on this form will be treated with the strictest confidence and only used to evaluate your child's needs prior to enrolment. Filling in this application form does not guarantee a place in our school. Your application will not be accepted unless you enclose your child's **original** Birth Certificate. **This certificate will be returned with letter of acceptance/refusal.**

CLOSING DATE: 27th February 2026 at 3pm.

FAILURE TO DISCLOSE ALL RELEVANT INFORMATION MAY RENDER THIS APPLICATION NULL AND VOID

Before completing this Application for Enrolment Form, please sign here confirming you have read the Admissions Policy(available on the school website)

Signature: (1st parent/guardian) _____

(2nd parent/guardian) _____

USE BLOCK CAPITALS PLEASE

1. Name of child as on Birth Certificate: _____ Male/Female: _____

2. Date of Birth: _____

3. P.P.S. No. _____ (*The P.P.S. number is required by the Department of Education & Skills for registration purposes.*)

4. Nationality of Child _____ Country of Birth _____

5. Ethnic or Cultural Background: Please choose one:

White/Irish: _____ Irish Traveller: _____ Roma: _____ Any other white

background: _____ Black/Black Irish/African: _____

Black/Black Irish-any other black background: _____ Asian/Asian Irish-Chinese: _____

Asian/Asian Irish-any other Asian background: _____ Other: _____

6. Mother's maiden surname: _____

7. 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)

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

9. Number of children in the family: _____

10. Placing of child (1st, 2nd etc.): _____

11. (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: _____

- Is English the main language spoken at home?

Yes	No
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- What is/are the main language/s spoken at home, if not English? Please list _____

- 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**

12. Religion: _____ 13. Place of Baptism (If applicable): _____

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

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

14. Name and address of pre-school or previous school attended: _____

15. Phone no. of previous pre-school/school: _____

I give permission to the 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.

Yes	No
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16. Name and phone no. of Family Doctor: _____

17. Has your child any special medical/dietary needs i.e. allergies(nuts etc), asthma, celiac, lactose intolerance etc:

Yes	No
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If yes, please give brief details:

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

Yes	No
-----	----

If yes, please give brief details of referral: _____

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

Hearing:

Yes
No

Speech:

Yes
No

Vision:

Yes
No

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

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

If yes, please give brief details and attach all relevant documents and reports.

Yes	No
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21. Has your child any special educational requirements i.e., Speech Therapy, Occupational Therapy etc.?

If yes, please give brief details:

Yes	No
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22. Is this application for (i) mainstream ?

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(ii)Special Education Class ?

23. Is there any other information you would like the school/your child's teacher to know:

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 Name & No:	2. Emergency Contact Name & 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. 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.

 Yes No

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: _____

IF ANY OF THE DETAILS IN THIS FORM CHANGE – FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.

Signature of parent/guardian: _____

Date of application: _____

***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. <i>Have you read the Admissions Policy of Coosan National School?</i>	<input type="checkbox"/>
2. <i>Have you included your Eircode on the Application form?</i>	<input type="checkbox"/>
3. <i>Have both parents (if both are legal guardians) signed all consent pages?</i>	<input type="checkbox"/>
4. <i>Have you included a copy of two acceptable Utility Bills (within 3 months)?</i>	<input type="checkbox"/>
5. <i>Have you included your child's original Birth Certificate?</i>	<input type="checkbox"/>
6. <i>Have you included a copy of your child's Baptismal Certificate (if applicable)</i>	<input type="checkbox"/>
7. <i>Have you included a copy of all assessments relating to your child's development and/or needs (if applicable)</i>	<input type="checkbox"/>
8. <i>Have you attached a recent photograph of your child on the Application form</i>	<input type="checkbox"/>

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 27th, 2026

Go raibh maith agat/agaibh.