



Annagh Hill National School
Telephone 093-41590 **Email:** info@annagh-hillns.ie
Website www.annagh-hillns.ie

Enrolment Application Form 2024-2025

Child's Name: (as on the Birth Certificate) _____

Child's Name in Irish: _____

Address: _____

Eircode: _____

Date of Birth: **Nationality:**

Please enclose copy of birth certificate

P. P. S. N. **Religion**

Father's Name: _____ **Occupation** _____

Father's Mobile No:

Mother's Name: _____ **Occupation** _____

Mother's Maiden Name: _____

Mother's Mobile No:

Landline Telephone No:

Email: _____
(Preferred E-mail address for use by school)

Mobile: _____
(Preferred mobile no. for text updates from school)

Person who may be contacted in an emergency during school hours if parents are unavailable _____

Number at which Parents may be contacted during school hours in case of emergency:

1 _____
2 _____

School previously attended if any

Year	School & Address	Class & Reason for Leaving

Special Needs:

Has your child been assessed by a(n)

Educational Psychologist	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Speech therapist?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Occupational therapist?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Other (Please specify) _____

Does your child have any special educational needs? Yes ☐ No ☐

Please Specify _____

Medical:

1. Does your child suffer from any illness that the school should be aware of?

Yes: ☐ No: ☐ Please specify

2 Does your child suffer from any allergy that the school should be aware of?

Yes: ☐ No: ☐ Please specify

3 Does your child require any medication that the school should be aware of?

Yes: ☐ No: ☐ Please specify

Please list at least 2 emergency names / numbers (other than those already stated) whom the school can contact in the event of an emergency

Name	Address	Telephone number
1		
2		

N. B. In the event of an accident / emergency occurring and the school being unable to contact any of the numbers above or overleaf, it is the policy of the school to seek medical attention for the injured party.

Other:

Do you consent to your child receiving support from the Special Education Teacher(s) if it is deemed necessary?

Yes:

☐

No:

☐

The school will contact you before any such arrangements are made.

Do you consent to your child being photographed for the school magazine / local papers etc.?

Yes:

☐

No:

☐

Do you consent to your child's activities/photo being placed on the website?

Yes:

☐

No:

☐

Do you give consent for your child to use Seesaw (digital portfolio) for educational purposes?

Yes:

☐

No:

☐

Do you consent to your child being taken on school tours, educational trips, competitions in sport etc?

Yes:

☐

No:

☐

I understand that participation in the Stay Safe Programme is compulsory and accept my child's participation in the Stay Safe / RSE Programmes.

Yes: ☐

No: ☐

In the event that your child has a toileting accident at school, do you consent that he/she is given a necessary change of clothes and is assisted by two members of staff if assistance is required. Note: At all times, the dignity and privacy of the student will be paramount.

Yes: ☐

No: ☐

N.B. Please notify the school of any change in phone nos./email addresses so that contact details are always up to date.

Any other relevant information

Parents / Guardians and children enrolled in this school are expected to co-operate with and support the school Code of Behaviour/ Anti-Bullying Policy / Healthy Eating Policy as well as all other policies on curriculum, organisation and management. These policies will be revised when necessary. If you are happy to comply with the school policies, please sign and return this application form with your **child's original birth certificate by April 30th, 2024** to the Principal, Mr Gerard Greaney, Annagh Hill N.S. Ballyglunin, Tuam, Co. Galway. (Mark envelope "Private and Confidential")

Both Parents to Sign

Mother's Signature: _____ Date _____

Father's Signature _____ Date _____

Guardians (if relevant) _____ Date _____

_____ Date _____