



# St. Nicholas of Myra N.S

## Application Form for Admission

Malahide Rd, Kinsealy, Dub 17, D17 FP52

Phone (01) 846 4033

E-mail: [principal@kinsealyns.ie](mailto:principal@kinsealyns.ie)

Class Applied For: \_\_\_\_\_ Year to Start: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ P.P.S. No: \_\_\_\_\_

Language/s Spoken: \_\_\_\_\_

Tick for child's primary residence.

### 1<sup>st</sup> Parent/Guardian Details

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

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

Eircode: \_\_\_\_\_

Telephone (H): \_\_\_\_\_

Telephone (M): \_\_\_\_\_

Choose one mobile no. for 1<sup>st</sup> point of contact ie; emergency and texts.

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

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

### 2<sup>nd</sup> Parent/Guardian Details

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

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

Eircode: \_\_\_\_\_

Telephone (H): \_\_\_\_\_

Telephone (M): \_\_\_\_\_

Choose one mobile no. for 1<sup>st</sup> point of contact ie; emergency and texts.

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

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

### Additional Emergency Contact

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

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

Eircode: \_\_\_\_\_

Telephone (H): \_\_\_\_\_

Telephone (M): \_\_\_\_\_

Choose one mobile no. for 1<sup>st</sup> point of contact ie; emergency and texts.

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

Relationship to child: \_\_\_\_\_

Does your child have any allergies or medical details we should be aware of: Yes  No  If yes, please give details: \_\_\_\_\_

Name, address and phone number for family doctor: \_\_\_\_\_

Does your child have any siblings in the school: Yes  No  If yes, please give details: \_\_\_\_\_

Name(s): \_\_\_\_\_ Class: \_\_\_\_\_  
\_\_\_\_\_

Is your child transferring from Montessori/Pre School:  Early Start School:  Another School:

School Name and Address: \_\_\_\_\_

Current Class/Grade (if applicable): \_\_\_\_\_ (Attach reports / relevant documentation).

Has your child ever had any type of assessment relating to their development and/or needs? Yes  No   
If yes, please give details.

\_\_\_\_\_

\_\_\_\_\_

Does your child appear to have any difficulty with the following:

<b>Hearing</b>		<b>Speech</b>		<b>Vision</b>	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>

If you have answered yes to any of the above, please give details:

\_\_\_\_\_

\_\_\_\_\_

**Photographic and Video Consent**

In addition to class photos and calendars, during the normal course of events in school life, there are occasions when photographs/videos are taken – sponsored walks, sports days, drama etc.. Do you give permission for your child to be included in these and published (school website/local paper) for the purpose of documenting and highlighting their involvement in school associated events?

<b>School Activities</b>		<b>For Website</b>		<b>Outside Media Coverage</b>	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>

**School Outings**

Do you give permission for your child to go on school trips under teacher supervision during the school day, e.g: School Tours, Sport Outings, Nature Walks etc.?

Yes  No

**Medical Emergency**

If your child is seriously unwell or has had an accident and we are unable to contact any of the persons listed overleaf, please be aware we will, if necessary, either bring your child to the doctor or hospital.

**The information you have given us will be used to process your child’s application. It will only also be used and shared in connection with your child’s education, health and wellbeing, or if we are legally compelled to do so.**

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist**

Please ensure that the application is completed in full and all relevant supporting documents are enclosed with it. **Incomplete applications will not be processed.**

1.	Completed Application	Yes	
2.	Birth Certificate	Yes	
3.	Baptismal Cert (if applicable)	Yes	N/A
4.	Medical Reports (if applicable)	Yes	N/A
5.	Educational Reports (if applicable)	Yes	N/A
6.	Other Relevant Documentation	Yes	N/A

**PLEASE ENSURE THAT IF THERE ARE ANY CHANGES TO THE INFORMATION ON THIS FORM, THAT THE SCHOOL IS ADVISED IMMEDIATELY**