

St. Lachtain's NS

Freshford

Co. Kilkenny.

056-8832400

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Application for Admission to St. Lachtain's NS

School Year 2024-2025

*Please note that this form is for application purposes only. The information provided will be used to allocate available places in accordance with the School's Admission Policy/Annual Admission Notice **Admissions Notice 2024-2025**. Please complete all sections of the form*

Name of child as on Birth Certificate: _____

Mother's Name: _____

Father's Name: _____

Date of Birth: _____ (Please supply copy of Birth cert) PPS No: _____

Name of Pre-school attended: (if any) _____

Intended start date: Year to be enrolled: _____ Class applying for: _____

Home Address: _____

Eircode: _____

Contact Mobile Phone No.: **Mother**

Father

Other (if applicable)

Email address (for communication between school and home) _____

Country of Birth: _____

Irish Version of Child's Name: _____ (Otherwise school will translate)

Religion (if relevant) _____ (If applicable, and available, please enclose copy of **Baptismal Certificate**)

Sisters/brothers in this school: **Name(s) and Classes**

Is your child living with (circle appropriate)

Both parents One parent Grandparents Carers Other

If there is any relevant legal documentation we should be aware of eg. shared custody etc., please give details

Medical/Educational

Name of Family Doctor: _____ Telephone No. _____

Any medical condition we should know about: Please tick.

1. **Difficulties:**

Speech () Hearing () Sight () Other Difficulties () Please detail briefly.

2. **Medical Conditions:**

Please give details and specify any conditions which might be considered to affect your child's ability to benefit in school.

Asthma () Epilepsy () Heart Condition () Other ()

3. **Arrangements to be made if your child is ill in school:**

4. Do you give permission for your child to be treated for minor accidents (e.g. cuts, grazes)?
Yes () No ()

5. In the event of _____ (pupil's name) requiring medical attention for any reason during school or during any activities under supervision of the school, I consent to his/her referral to such doctor or hospital authority as the school authorities shall see fit. I also consent to the Doctor or Hospital Authority concerned carrying out such treatment or operative measures, as may be considered necessary, including the administration of general or other anaesthetics. I understand that the school authorities will make every effort to contact me first. My child is allergic to:

6. I give my consent: Yes () No ()

Signed: _____ Parent/Guardian

7. Does your child show any behaviour challenges or present with any emotional concerns?

8. Has your child attended a speech therapist / occupational therapist / educational psychologist? If yes, please give further details:

9. Laterality: Right Handed () Left Handed ()

❖ Photographs and Images of Students.

The school maintains a database of photographs and video of school events held over the year. It has become customary to take photos/video of students engaged in activities and events in the interest of creating a pictorial record of life at school. Photographs/images may be published on our school website, newspaper, in brochures, newsletters, calendars, sacramental/religious booklets, CDs (eg. concerts, First Communion and Confirmation ceremonies etc.) and similar school related productions. Sometimes journalists or school photographer visit our school to take pictures of the children eg. awards/prizes, sporting events, first day at school, class photograph etc.

In the case of photographs being published, a student's name will not appear alongside the photo on the publication. *We wish to make it clear to parents/guardians that your permission can be withdrawn at any time for any of the above by writing to the Principal.*

Consent:

If you are happy to have your child's photograph/image taken as part of school activities as detailed above, please place a tick in the box below and sign where indicated. (This list is not exhaustive.)

Please tick Yes () No ()

❖ Stay Safe Programme/RSE Programme

I understand that RSE and the Stay Safe Programme will be taught to my child and that anatomically correct wording are used at class appropriate level as laid down by the Department of Education.

❖ Internet Safety:

Do you give permission for your child to have supervised access to internet programmes during lessons? Yes () No ()

❖ Supervised School Outings/Trips

Do you give permission for your child to leave the school premises on supervised school outings/trips?

Yes () No ()

❖ Code of Behaviour (including Anti-Bullying Policy) - Online at
<https://freshfordns.weebly.com>

We, the parents/guardians of _____
 have read the Code of Behaviour and Anti-Bullying Policy of St. Lachtain's NS. We agree to
 abide by this code and policy, and will work in co-operation with the staff of same to ensure
 our child understand and keep the code.

Parental/Guardian(s) signature(s): _____

Additional Contact Numbers:

We may need to contact you by phone or through Aladdin in the event of an illness/accident or
 unexpected closure. Please detail additional contact numbers (not your own). for use in the
 event that we are unable to contact you.

Please let us know if this person is a relation/minder/friend etc. Please tick column if this
 person has permission to collect your child from school.

Contact Details:

<u>Name:</u>	<u>Relationship to child</u>	<u>Phone Number</u>	<u>Permission to collect from school</u>
		<u>Home Phone:</u> <u>Mobile No:</u>	
		<u>Home Phone:</u> <u>Mobile No:</u>	
		<u>Home Phone:</u> <u>Mobile No:</u>	
		<u>Home Phone:</u> <u>Mobile No:</u>	

Should any of the above numbers/details change please inform us immediately.

I/We will co-operate and support the staff and the ethos of St. Lachtain's NS. 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 efforts to provide a positive learning experience for all children in the school.

Parental/Guardian(s) signature(s): _____ Date:

_____ Date:

Data Privacy Statement

The information provided on this form will be used by St. Lachtain's NS to apply the selection criteria for enrolment and to allocate school places in accordance with the School's Admission Policy and the School's Annual Admission Notice.

Where a pupil is admitted to the school, the information will be retained on the pupil's file. On acceptance of an offer of admission, this information will be entered in the School Administration System Aladdin and will be uploaded to the Primary Online Database. The Primary Online Database (POD) is a nationwide individualised database of primary school pupils, hosted by the Department of Education and Skills.

In the event of oversubscription, a waiting list of students whose applications for admission to St. Lachtain's NS were unsuccessful due to the school being oversubscribed will be compiled, and will remain valid for the school year in which admission is being sought (See Section 13 – or relevant section – School Admission Policy).

Where a child's name is placed on a waiting list, and the child is not admitted to the school, the information provided on this form will be retained for the duration of the school year and will be securely destroyed thereafter.

Section 66(6) of the Education (Admission to Schools) Act 2018 allows for the sharing of certain information between schools in order to facilitate the efficient admission of students. The information which may be provided to a patron or another Board of Management for this purpose may include all or any of the following:

- (i) the date on which an application for admission was received by the school;
- (ii) the date on which an offer of admission was made by the school;
- (iii) the date on which an offer of admission was accepted by an applicant;

(iv) a student's personal details including his or her name, address, date of birth and personal public service number (within the meaning of section 262 of the Social Welfare Consolidation Act 2005).

Office Use only:

*Date Application Received	D	D	M	M	Y	Y

