

AR AGHAIDH LE CHÉILE

REGISTRATION FORM 2017 - 2018 FOIRM CLÁRÚCHÁIN

1 YOUR CHILD

First Name: _____ Surname: _____
Male Female Date of Birth: _____ PPSN No: _____
Home Address: _____
Parish of Residence: _____ Religion: _____
Home Phone No: _____ Nationality: _____

2 PARENTS

MOTHER:	FATHER:
First Name: _____	First Name: _____
Surname: _____	Surname: _____
Address: _____	Address: _____
_____	_____
_____	_____
Occupation: _____	Occupation: _____
Work Phone No: _____	Work Phone No: _____
Mobile Phone No: _____	Mobile Phone No: _____
Contact Email address: _____	

3 YOUR FAMILY

How many children in the family? ____ Where does this child come in the family? ____

If you have any other children in St. Attracta's, please complete this section.

Name: _____ Class: _____ Teacher: _____
Name: _____ Class: _____ Teacher: _____
Name: _____ Class: _____ Teacher: _____
Name: _____ Class: _____ Teacher: _____

Please Turn Over

Office use only: Glactha: _____ Bainte: _____

1	2	3	4	5	6	7	8	9
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4 YOUR CHILD'S HISTORY TO DATE

(a) Please indicate if your child has any relevant illness or medication. (e.g. impaired vision or hearing, speech and language delay, mobility problems, asthma, diabetes, epilepsy, allergies, bowel/kidney disorder)

Relevant Illness or Medication: _____

(b) If your child has had any of these assessments please tick the appropriate box below.

Speech & Language Emotional & Behavioural Psychological Other

Please give details: _____

(c) Does your child receive learning support or resource hours in school?

Please give details: _____

(d) Is there a history of dyslexia in your family? Yes No Don't know

5 IN CASE OF EMERGENCY

We need to have names of two local alternative contact people, in case parents cannot be contacted. It is essential that the people named below have a different address to those of the parents and that they have given their consent for their names to be used. In case of an accident/emergency I consent to my child being brought directly to doctor/hospital. **Please tick** Yes No

NEIGHBOUR/RELATIVE/FRIEND (1) NEIGHBOUR/RELATIVE/FRIEND (2)

Name: _____ Name: _____

Address: _____ Address: _____

Phone No: _____ Phone No: _____

6 SIGNATURES & COMMITMENTS

In accordance with DES Circular 56/2011, I understand that

- (i) copies of standardised test results and other school reports from St. Attracta's Junior School will be transferred to St. Attracta's Senior School and I agree to liaison between the teachers and principals in the Senior and Junior Schools.
- (ii) copies of standardised test results and other school reports from St. Attracta's Senior School will be transferred to the secondary school to which my child will transfer at the end of the Senior School cycle and I agree to liaison between the 6th class teachers, principal and representatives of the relevant secondary school.

I have received and read a copy of the school's Code of Good Behaviour & Discipline and accept its contents on behalf of my child. We will co-operate with the staff and support the ethos of St. Attracta's Senior School.

I give permission to the teachers in the Senior School to administer tests which may help to identify whether my child requires support in Maths or English.

Signature of Parent: _____ Application Date: _____

The information on this registration form may be held on computer for school use only. No personal information from this form will be used for any other purpose. However, names, addresses, dates of birth and contact telephone numbers may be issued to the Health Board for hearing and vision testing or for public health purposes such as vaccinations, etc.

Please return this application form to the Senior School **before Friday 27th January 2017**

SCOIL SHINSIREACH NAOMH ATHRACHT
CLUAIN GHLAISE
ÁTH CLIATH 16

ST. ATTRACTA'S SENIOR SCHOOL
MEADOWBROOK
DUBLIN 16

AR AGHAIDH LE CHÉILE

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**TO BE COMPLETED IF YOUR CHILD IS TRANSFERRING FROM ANOTHER SCHOOL**  
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School Year: _____

Your Child's Name: _____

Previous School: _____

School Address: _____

Telephone Number: _____

Principal's Name: _____

What class was your child in when he/she left the school? _____

Reason for Transfer: _____

Have you enclosed a copy of the most recent school report? Yes No

Note: We require reports from previous schools in order to meet the needs of your child.

Parent's Signature: _____

Date: _____

