

St. Attracta's Senior School

Meadowbrook - Dublin 16



Scoil Shinsireach Naomh Athracht

Cluain Ghlaise - Áth Cliath 16

_____ T. 01 2951627 Roll No. 19716B E. oifig@sasns.ie www.sasns.ie _____

Registration Form

2018 – 2019

Foirm Clárúcháin

CHILD'S DETAILS

First Name _____ Surname _____

Home Address _____

Home Phone No. _____ Male Female Date of Birth _____

PPSN No. _____ Nationality _____

Religion _____ Parish of Residence _____

PARENT'S DETAILS

Mother's Name _____

Address _____

_____ Mobile No. _____

Occupation _____ Work Phone No. _____

Email Address _____

Father's Name _____

Address _____

_____ Mobile No. _____

Occupation _____ Work Phone No. _____

Email Address _____

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

FOR OFFICE USE ONLY

Glactha _____ Bainte _____

1	2	3	4	5	6	7	8	9
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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

EMERGENCY CONTACTS

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 Yes No

Name of Neighbour / Relative / Friend 1 _____

Address _____
_____ Mobile No. _____

Name of Neighbour / Relative / Friend 2 _____

Address _____
_____ Mobile No. _____

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 _____

Please return this application form to the Senior School before Friday 26th January 2018