

St. Attracta’s Senior School

Scoil Shinsireach Naomh Athracht

Meadowbrook – Dublin 16 - D16 HW66

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

Meadowbrook - Dublin 16

**CONFIDENTIAL**

Registration Form 2021 – 2022 Foirm Clárúcháin

Please tick ONE Stream [ ]  3rd Class [ ]  4th Class [ ]  5th Class [ ]  6th Class

CHILD’S DETAILS

First Name Surname

Home Address

 Eircode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone No. Male [ ]  Female [ ]

Date of Birth. PPSN No.

Nationality Religion

PARENT’S DETAILS

PARENT 1 Name

Address

 Mobile No.

Occupation Work Phone No.

Email Address

PARENT 2 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 or had any other children in St. Attracta’s Junior or Senior, please complete this section:

Name Class Teacher

Name Class Teacher

Name Class Teacher

If parent(s) is a past pupil of St. Attracta’s Schools, please specify name and dates of attendance:

PLEASE TURN OVER »

YOUR CHILD’S HISTORY TO DATE

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:

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

Speech & Language [ ]  Emotional & Behavioural [ ]  Psychological [ ]  Other [ ]

Please give details:

Does your child receive Learning Support, Resource Hours, SNA Support in school?

Please give details:

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, just 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.

Name of Neighbour/Relative/Friend 1

Address

 Mobile No.

Name of Neighbour/Relative/Friend 2

Address

 Mobile No.

Name of Family Doctor Phone No.

In case of an accident/emergency, I consent to my child being brought directly to a doctor/hospitalYes [ ]  No [ ]

SIGNATURES & COMMITMENTS

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

1. 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.
2. 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 read the school’s Code of Good Behaviour & Discipline which is available on [www.sasns.ie](http://www.sasns.ie) 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 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

In compliance with The Data Protection Acts (1988-2018) and the EU General Data Protection Regulation (GDPR), information on this application form will be held on computer/hard copy for those purposes specified in the Enrolment Policy.

PLEASE RETURN THIS APPLICATION FORM TO office@sasns.ie