



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

Registration Form

2024 – 2025

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:

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/hospital Yes No

SIGNATURES & COMMITMENTS

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

- (i) copies of standardised test results, end of year school reports and any educational/psychological assessments, where applicable, 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 read the school's Code of Good Behaviour & Discipline which is available on 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.