

## **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                          | 2025 – 2026             |                         | Foirm Clárúcháin        |                         |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| Please tick ONE Stream                     | ☐ 3 <sup>rd</sup> Class | ☐ 4 <sup>th</sup> Class | ☐ 5 <sup>th</sup> Class | ☐ 6 <sup>th</sup> Class |
| CHILD'S DETAILS                            |                         |                         |                         |                         |
| First Name                                 |                         | Surname                 |                         |                         |
| Home Address                               |                         |                         |                         |                         |
|  |                         |                         | Eircod                  | e                       |
| Home Phone No.                             |                         |                         | Female $\square$        |                         |
| Date of Birth.                             |                         |                         |                         |                         |
| Nationality                                |                         | Religion                |                         |                         |
| PARENT'S DETAILS                           |                         |                         |                         |                         |
| PARENT 1 Name                              |                         |                         |                         |                         |
| Address                                    |                         |                         |                         |                         |
|  |                         |                         |                         |                         |
| Occupation                                 |                         | Work Phone No           |                         |                         |
| Email Address                              |                         |                         |                         |                         |
| DADENT 2 Nama                              |                         |                         |                         |                         |
| PARENT 2 NameAddress                       |                         |                         |                         |                         |
| , tad 1000                                 |                         |                         |                         |                         |
| Occupation                                 |                         |                         |                         |                         |
| Email Address                              |                         |                         |                         |                         |
|  |                         |                         |                         |                         |
| YOUR FAMILY                                |                         |                         |                         |                         |
| How many children in the family?           |                         | Where does this child   | d come in the family? _ |                         |
|  |                         |                         |                         |                         |
| If you have or had any other children in S |                         |                         |                         |                         |
| Name                                       |                         |                         |                         |                         |
| Ivallic                                    |                         |                         |                         |                         |
| Name                                       |                         |                         |                         |                         |

## 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. Other $\square$ Speech & Language Emotional & Behavioural Psychological 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 $\square$ No $\square$ 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 \_\_\_\_\_\_ \_\_\_\_\_ 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 \subseteq No \subseteq 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 6<sup>th</sup> 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. \_\_\_\_\_ 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.