

## MONASTERY NATIONAL SCHOOL

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## SCOIL NA MAINISTREACH

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# ENROLMENT APPLICATION FORM

**Please complete both sides. All information received will be treated in the strictest confidence**

FULL NAME OF CHILD: \_\_\_\_\_

CHILD'S FIRST LANGUAGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

**(COPY OF BIRTH CERTIFICATE AND BAPTISMAL CERTIFICATE MUST BE PROVIDED)**

RELIGION: \_\_\_\_\_ CHILD'S P.P.S. NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

### **TELEPHONE NUMBERS**

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

MOBILE (FOR TEXTAPARENT SERVICE): \_\_\_\_\_ OTHER: \_\_\_\_\_

### **OTHER PERSON TO CONTACT IN CASE OF AN EMERGENCY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_

**DOES ANY LEGAL ORDER EXIST (Under Family Law), THAT THE SCHOOL SHOULD KNOW ABOUT?**

YES [ ] NO [ ]

**If YES, please inform the Principal.**

NAME OF FAMILY DOCTOR: \_\_\_\_\_

DO YOU GIVE PERMISSION TO TAKE YOUR CHILD STRAIGHT TO HOSPITAL IF WE CANNOT CONTACT YOU, IN THE CASE OF **SERIOUS** ILLNESS OR ACCIDENT? \_\_\_\_\_

DOES YOUR CHILD SUFFER FROM ANY SPECIFIC ALLERGY / MEDICAL CONDITION?

\_\_\_\_\_

PREVIOUS SCHOOL / PLAYSCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CLASS: \_\_\_\_\_

PRINCIPAL'S NAME: \_\_\_\_\_

REASON FOR TRANSFER, IF APPLICABLE: \_\_\_\_\_

**If transferring from another Primary School, a copy of your son's latest report must be provided.**

HAS YOUR CHILD EVER BEEN REFERRED TO AN AGENCY PROVIDING PSYCHOLOGICAL SERVICES? (e.g., Early Intervention Team, Child Guidance Clinic, Health Board, Speech/Language Therapist, Eye/Ear specialist etc.. ) YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE STATE THE NAME OF THE SERVICES & DATES OF ATTENDANCE:

\_\_\_\_\_  
\_\_\_\_\_

**It is important that we know if your son is likely to need additional educational support in school.**

IS THERE ANY OTHER **SIGNIFICANT** INFORMATION CONCERNING YOUR CHILD'S WELFARE, WHICH YOU, AS PARENT(S), FEEL SHOULD BE INCLUDED? (e.g., Behavioural management, problems at home, emotional trauma such as bereavement, separation, illness etc.)

\_\_\_\_\_

**I / we understand that this application for enrolment does not guarantee enrolment in Monastery NS. I / we are aware that all applicants will be contacted by letter by the school within 21 days of the last day of Enrolment Week. Successful applicants are required to get a copy of and comply with the "School Code of Behaviour" from our website. I / we also accept that there is a requirement to complete our "Acceptable Use Policy for the Internet, School Network and New Technologies" form. I / we will also co-operate with the staff and Board of Management in supporting the ethos of the school.**

SIGNED: \_\_\_\_\_ PARENT(S) / GUARDIAN(S)

DATE: \_\_\_\_\_