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| Application for Admission to    **St Oliver Plunkett N S**  School Year 2024 – 2025  *Please note that this form is for application purposes only. The information provided will be used to allocate available places in accordance with the School’s Admission Policy/Annual Admission Notice* [*http://stoliverplunkett.ie/*](http://stoliverplunkett.ie/) *Please complete all sections of the form.* | | | | |
| General Information on Child | | | | |
| Forename(s) [as on Birth Cert]: | | Surname [as on Birth Cert]: | | |
| PPS Number: | | DOB: Gender: | | |
| Nationality: | | Religion: | | Languages Spoken: |
| Home Address:  Eircode:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | */* |  |  |  |  | | | | | |
| Siblings: Yes 🞎 No 🞎 (Please tick)  Name(s) and age of sibling(s): | | | | |
| Have you also applied to St Rose’s and/or Catherine McAulay NS? | If Yes, please state which other Reading School(s) you applied to: - | | | |
| Child’s Current School |  | | | |
| Current Class | School Year Application | | Class Application | |
|  |  | |  | |
| General Information on Parent(s)/Guardian(s) | | | | |
| Parent/Guardian | | Parent/Guardian | | |
| Name: | | Name: | | |
| Address (if different from child’s): | | Address (if different from child’s): | | |
| Mobile No: | | Mobile No: | | |
| Email: | | Email: | | |

**Medical Information**

1. Does your child suffer from any medical conditions or allergies? YES 🞏 NO 🞏 Please provide details below.

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2. Is your child taking medication at present? YES 🞏 NO 🞏 Please provide details below

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3. Have you any other medical concerns? Please provide details below

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4. Do you give permission for your child to be treated for minor accidents (e.g. cuts, grazes)? YES 🞏 NO 🞏

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| **GP Details** | **Emergency Contact Person** |
| Name: | Name: |
| Address:  Eircode: | Address:  Eircode: |
| Contact No: | Contact No: |
| Email: | Email: |

**Educational & Clinical Information**

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| **Were These Supports Recommended?** | **If So, Can You Provide These Reports?** |
| Speech & Language Therapist (SLT): YES 🞏 NO 🞏 | Speech & Language Therapist (SLT): YES 🞏 NO 🞏 |
| Occupational Therapist: YES 🞏 NO 🞏 | Occupational Therapist (OT): YES 🞏 NO 🞏 |
| Assistive Technology: YES 🞏 NO 🞏 | Psychiatrist: YES 🞏 NO 🞏 |
| SNA: YES 🞏 NO 🞏 | Other: YES 🞏 NO 🞏 |
| Child and Adolescent Mental Health Services (CAHMS)  ADD/ADHD/Low Moods/Anxiety  YES 🞏 NO 🞏 | Permission to contact school for reports/plans YES 🞏NO🞏  Consent for school SLT to carry out assessment if necessary  YES 🞏 NO 🞏 |

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| **Declaration:**  I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurateand I/we consent to its use as described. | |
| Parent/Guardian’s Signature: | Parent/Guardian’s Signature: |
| Date: | Date: |

This information will be entered in the School Administration System [Aladdin] and will be uploaded to the Primary Online Database (POD), a nationwide individualised database of primary school pupils, hosted by the Department of Education and Skills.

***Office Use only:***

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| \*Date Application Received | D | D | M | M | Y | Y |