



St. Caillin's N.S.
Rashina
Ballinahown
Athlone
Co. Westmeath
Tel: (090)64 54336

Email: rashinans@hotmail.com

APPLICATION FOR ENROLMENT 2022/2023

Name of Child: _____ PPS No: _____

Address: _____

Eircode: _____

Telephone Phone No: _____

Date of Birth: ____/____/____ Nationality _____

Father's name: _____ Mobile No: _____

Father's occupation (for roll records) : _____

Mother's name: _____ Mobile No: _____

Mothers' occupation (for roll records): _____

Religion: _____ Place of Baptism: _____

PLEASE ATTACH COPY OF BAPTISMAL CERTIFICATE – (IF AVAILABLE)

Irish version of child's name: _____

Position of child in family (1st, 2nd, 3rd, etc) _____

Number of children in family: _____

Name and address of pre-school or previous school attended:

Phone No of previous pre-school / school attended: _____



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I give permission to Mr Guinan (Principal) to discuss the needs of my son / daughter with the Manager / Principal of the pre-school / school listed

Tick Box

Yes

No

Name of family doctor: _____

Phone Number: _____

Has your child ever been referred to a specialist by your doctor or H.S.E?

Tick Box

Yes

No

If yes please give a brief detail of referral:

Has your child any special medical needs i.e. allergies, Asthma, etc.:

Tick Box

Yes

No

If yes please give brief details:



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Does your child appear to have any difficulties with the following:

Tick Box

Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vision:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered yes to any / all of the above please give details:

Has your child been assessed or referred for Psychological Assessment i.e. behaviour, emotional etc.?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes please attach all relevant details and reports.

Has your child any special educational requirements i.e., Speech Therapy, Occupational Therapy etc.?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you have answered yes please give details:

Do you give permission for your child to go on school trips under teacher supervision during the school day e.g. trips to the local town park, local historical buildings etc.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Sometimes the school is requested to pass on names of children and their addresses to the Health Board for immunisation purposes, to schools when children are transferring to another school, to sporting bodies when children are taking part in games outside the school. Information Data is also stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills. Do you allow the school to pass on this information to these bodies:

Tick Box

Yes

No

Is there any other information that you would like us to know:

In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies. I agree to support the staff in their effort to provide a positive learning experience for all children in the school.

Parent / Guardian's signature: _____

Parent / Guardian's signature: _____

Date: ____/____/____