



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

Email: [rashinans@hotmail.com](mailto:rashinans@hotmail.com)

## APPLICATION FOR ENROLMENT 2023/2024

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 (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 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:

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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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## APPLICATION FOR ENROLMENT 2023/2024

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:

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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:

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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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## **APPLICATION FOR ENROLMENT 2023/2024**

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:

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_