



Scoil Odhrán Naofa,
Sonna,
Slanemore,
Mullingar.
Co. Westmeath
0449373323

Enrolment Form: Roll No. 17932U

Please complete in Block capitals throughout

Child's Surname: _____ First Name: _____

Date of Birth: ___/___/___ Male _____ Female _____

Child's Permanent address: _____

Child's Place of Birth _____ Child's PPSN _____

Families Country of Origin: _____ Religion: _____

Is English child's first language: Yes _____ No _____

Has your child other siblings in this school? Yes: _____ No _____

Name of sibling/s _____

If coming from another primary school: Class _____

Name & Address of school: _____

If possible, please include latest school report.

Contact Details for child:

Mother's / Guardian full name: _____ (Main Contact, yes/no)

Mobile Number: _____ Email address: _____

Father's / Guardian full name: _____ (Main contact, yes/no)

Mobile Number: _____ Email address: _____

*It is essential that school staff are able to make contact with you in if your child is sick or in the event of an accident. **Please notify school if you change mobile numbers.***

Please nominate two other responsible adults should we be unable to contact you:

Name: _____ Relationship _____ Number: _____

Name: _____ Relationship _____ Number: _____

Pre- School

Has your child attended pre-school? Yes _____ No _____

Name and address of Pre-school: _____

Doctors Name _____

Doctors Address: _____

Health Concerns

Does your child have any medical condition or health problems? (If yes, please give details)

Does he / she have to take any medication? (If yes, please give details)

Does he/she suffer from any allergies? (If yes, please give details)

In the event of a serious accident / illness, when it is deemed necessary to take your child to hospital and we are unable to contact you, his / her parents or guardians, we ask you to sign below authorising the school to do so.

I give my permission for _____ to be taken to hospital in the case of an emergency.

Signed: _____ Parent/ Guardian

Signed: _____ Parent / Guardian

Early Development/ Special Needs

Has your child ever been assessed for speech and language needs? Yes _____ No _____

If yes, how long did he/she attend? _____ at what age? _____

Did he/she attend group _____ individually _____ or sessions _____

Has your child ever been referred, or are you awaiting a Psychological /Educational Assessment?

Yes ___ No ___

If yes, please give details _____

Do you have any particular concerns regarding your child's development?

During the school year, classes will be leaving the school for different purposes, i.e. Religious services, Trips to the Art Centre and other Cultural events, Nature walks, School tours, Sporting events etc.

_____ (child's name) has our permission to leave the school to go on any class outings as outlined above during the school year.

Signed: _____ Parent /Guardian

Signed: _____ Parent/ Guardian

Internet use in School

All classrooms in Sonna N.S. including the Resource rooms have internet access. From time to time, under the supervision of the teacher, students use the Internet to access information for project work or for general class work. **The National Centre of Technology in Education, which is based in Dublin City University, regulates the filtering of our Internet system. This is fully reliable and it ensures access to the Internet is restricted and controlled on an ongoing basis.**

Please sign below giving your child permission to use the internet, under teacher supervision during school time.

_____ (Child's name) has our permission to use the Internet under the supervision of a teacher

Signed: _____ Parent / Guardian

Signed: _____ Parent /Guardian

POD / DES Information

The school is obliged to upload the following information on the Primary Online Database (POD), which is run by the Department of Education & Skills (DES)

Student's first name, last name, gender, PPS number, date of birth, date enrolled, address, class/standard and pupil source (previous school category) as entered above will also transfer to POD.

This information is true and accurate as of this date, and should any details change at any time in the future, I will inform the school.

Signed _____ Parent / Guardian Date: _____

Signed _____ Parent / Guardian Date: _____

We, at Sonna National School, take the protection of your personal information very seriously. On the 25th May 2018, the General Data Protection Regulation (GDPR) came into effect across Europe. By submitting an Application Form, you agree to the retention of your personal data for the purpose of admission to Sonna National School.

