



Holy Family Primary School
Glenbrien

Principal – Fiona Cleere
Chairperson – Fr. John Byrne

School Admission Form

Note: Please complete this form in full and return it to the school by 22nd December 2021. If you have any queries about any part of this application, please consult the Principal of the school before submitting it.

Name of Child (in full, as on Birth Certificate) _____

Address at which child resides: _____

Telephone No: _____ PPSN No. _____

Date of Birth: _____

Nationality: _____ Country of Birth: _____

Mother's Nationality: _____ Father's Nationality: _____

Father's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Mother's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Mobile number to be used for TEXT-A-PARENT service: _____

***If you change your mobile number during the school year please inform us as it may be necessary to contact you.**

Email address to be used for school/ parent communications:

Is the child living with both parents _____

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

Religious denomination: _____

If your child was baptised please state where it took place: _____

Date of baptism: _____

***A baptismal certificate should be included for any applicant who was not baptised in the parish of Oylegate/ Glenbrien**



Did your child attend preschool: _____ For how long: _____

Where? _____

At what age did your child begin to speak: _____

Does he/she speak well? _____

Has your child ever had a psychological assessment? _____

Has your child ever received a speech and language report? _____

Name of brother/sister in this school: _____

Class: _____

Other Information: Please provide details of any important background information which is relevant to the child’s admission application.

Please give names, addresses and phone numbers of the people, other than parents, who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

Person who usually collects child(ren)

_____ Phone _____
_____ Phone _____

School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.



Person the school will contact:

1 _____ 2 _____
Tel/mobile: _____ Tel/mobile: _____

Medical Emergency/Accident

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring _____ (name of child) to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian) _____

Family Doctor

Doctor’s Name _____
Telephone No: _____

Does your child have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

Does your child have an allergic reaction to medication or food?

Is there any other relevant information about your child/children which we should know?

I consent to my child’s details (Name/ Address/ DOB) being shared with the HSE for the purposes of Vision and Hearing and Immunisation programmes

Parent/ Guardian Signature: _____

I consent to my child’s participation in the Relationships and Sexuality Education (RSE) Programme

Parent/ Guardian Signature: _____



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I consent to my child’s participation in the Stay Safe Programme

Parent/ Guardian Signature: _____

I give permission to allow my child’s photograph/image to be included in school-related activities and competitions and to be used on the school website (in accordance with the school’s Data Protection Policy). Names will not be displayed with images.

Parent/ Guardian Signature: _____

Screening Tests are carried out in the school on all children in Infants. I allow my child to do these tests.

Parent/ Guardian Signature: _____

Non Reading Intelligence tests (NRIT) are carried out in the school on all children in 1st class. I allow my child to do these tests.

Parent/ Guardian Signature: _____

During your child’s time in Holy Family Primary School, Glenbrien it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

Parent/ Guardian Signature: _____

I consent for my number to be used in a Text-a-Parent service

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: _____
(Parent/ Guardian)

Date: _____