**Castletown Girls’ School, Castletown Road, Dundalk, Co. Louth A91 P957**

**Tel: (042) 9334574. Roll No: 14651U**

**Email: castletowngs@gmail.com**

Class applied for.............................. Start Date:...................................

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| **Student Information:**Name of child (as on birth certificate): ..................................................................................Address: ...............................................................................................................................PPS Number:........................................... Date of Birth:...............................................Nationality:............................................ Country of birth:............................................Religion: ............................................... Received Baptism: yes / no (please circle)If not born in Ireland, date on which child arrived in Ireland:...............................................Mother’s Nationality:............................... Father’s Nationality........................................Languages spoken at home: .................................................................................................Will your child require additional support with the English language? (please circle) : yes / noPrevious preschool / school attended: ...................................................................................Child’s Doctor’s name:.......................................... Telephone Number: ...............................Medical and Allergy information: ..........................................................................................Does your child appear to have difficulties with:Hearing / Speech / Vision? (if yes, please circle)Details:....................................................................................................................................Has your child ever had any type of assessments?Details: ................................................................................................................................... |

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| **Family Information:**Names and class of siblings/ relatives already in the school: .................................................................................................................................................Child lives with (please circle): both parents / mother / father / guardianDoes any legal order under family law exist that the school should be aware of? .................................................................................................................................................. |

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| **Parents/ Guardians Information:**Mother’s name:........................................... Father’s name:.............................................Email address:............................................ Email address:.............................................Mobile Number: ....................................... Mobile Number:..........................................Work Number:......................................... Work Number:............................................**Other Guardian Emergency Contact: (if parents unavailable)** Name:........................................................ Name: ......................................................Relationship to child:................................ Relationship to child:..............................Email address:............................................ Mobile Number: ......................................Mobile Number: ....................................... Work Number:......................................... |

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| **Permissions:** * Do you give permission for us in the unlikely event of an emergency to take your child to the nearest doctor/ hospital/ dentist?
* Do you give permission for your child to use the school internet in accordance with the school’s acceptable use policy?
* Do you give permission for your child to go on school trips under teacher supervision? (E.g. nature walks, church,

school trips, walks to the park) * Do you give permission for your child to be photographed for school projects, local newspapers and school related activities?
* Do you give permission for your child’s photograph and / or work to be used on the school website?
* Do you give permission for your child to attend learning support should the need arise?
* Do you give permission for your child’s details to be passed onto the HSE for immunisations, sight and hearing tests and dental appointments etc?
* Do you give permission for your child to be treated for minor accidents? (e.g. cuts and grazes)
* Do you give permission for relevant information to be transferred onto The Department of Education and Skills database of primary school pupils know as POD and any other primary schools your child may transfer to during the course of their time in primary school?
* Do you give permission for the Relationships and Sexual Education Programme (RSE) and Stay Safe Programmes to be taught to your child as laid down by the Department of Education?
 | **(please circle)****Yes / No****Yes / No****Yes / No****Yes / No****Yes / No****Yes / No****Yes / No****Yes / No****Yes / No****Yes / No** |

1. I acknowledge that I have read and accepted the Code of Behaviour of Castletown Girls’ School. Having discussed and explained it to my child, I agree to abide by it. This policy is available on our school website [www.castletowngns.ie](http://www.castletowngns.ie) (under policies)
2. 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 efforts to provide a positive learning experience for all children in the school.

*I declare the above information to be correct and accurate:*

**Signed:** ...............................................  **Date:** ..........................................

Please include a copy of your child’s Birth Certificate and Baptismal Certificate (if baptised)

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| **Document:** | **Tick when received:** |
| Birth Certificate |  |
| Baptismal Certificate |  |