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| **C:\Users\EJ\Dropbox\P\4. Administration\1. Enveloped & Headed & Logo\SCNS Logo\SCNS logo jpeg.docx.jpg** | **SOLAS CHRÍOST NATIONAL SCHOOL****APPLICATION FORM** |

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| --- | --- |
| **Date you wish your child to start:**  |  |
| **Class level you wish your child to start at:** |  |

|  |  |  |
| --- | --- | --- |
| Child’s First Name: | Child’s Surname:  | Male □Female □ |
| Date of Birth: |
| Address:  |
| Child’s Mother Tongue(s):*Language(s) spoken at home* | Child’s Nationality: |
| Child’s Other Language(s): | Child’s Religion: |
|  | **First Name** | **Surname** | **Mobile** | **Work Phone** |
| **Mother:** |  |  |  |  |
| **Father:** |  |  |  |  |
| Name(s) of Brothers/Sisters already in Solas Chríost NS: |
| Name of Previous School or Preschool: |
| Does your child have any Allergies / Medical / Health Issues? **Yes** □ **No** □If **Yes** please state:*(As appropriate, please make sure that the school has up to date information of the necessary medical requirements for your child* ***from a medical practitioner****. e.g. A letter from your G.P. with the diagnosis, medical requirements and the necessary actions to be followed for your child).* |
| Has your child been Educationally/Psychologically/Clinically Assessed? **Yes** □ **No** □If yes please specify:*(Please provide the school with copies of relevant reports etc.).* |
| Any Other Relevant Information: |
| **Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***FOR OFFICE USE ONLY*** |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Entered onto the School’s Database*(tick)* |  |