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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)* | | | | |  |