PLEASE

ATTACH A PASSPORT PHOTO

Digital Photo

Accepted

APPLICATION FOR ENROLMENT 2025/2026 COOSAN NATIONAL SCHOOL

Any information you give on this form will be treated with the strictest confidence and only used to evaluate your child's needs prior to enrolment. Filling in this application form does not guarantee a place in our school. Your application will not be accepted unless you enclose your child's **original** Birth Certificate. **This certificate will be returned with letter of acceptance/refusal.**

CLOSING DATE: 28th February 2025 at 3pm.

FAILURE TO DISCLOSE ALL RELEVANT INFORMATION MAY RENDER THIS APPLICATION NULL AND VOID

Before completing this Application for Enrolment Form, please sign here confirming you have read the					
Αc	lmissions Policy				
Siş	gnature: (1st parent/guardian)				
	(2 nd parent/guardian)				
US	SE <u>BLOCK CAPITALS</u> PLEASE				
1.	Name of child as on Birth Certificate:	Male/Female:			
3.4.	P.P.S. No.	(The P.P.S. number is required by the Department of			
	Education & Skills for registration purposes). Nationality of Child				
		Country of Birth			
	Mother's maiden surname:				
	Home Address				
6.	Eircode (mandatory) *Please attach copy of two Utility Bills to confirm to the following are examples of acceptable bills- (Endowing Phone Bills are not acceptable bills as produced to the produced produced to the produced produced to the produced produced produced to the produced p	SB Bills, Revenue Bills, Bank Statements) Please note that of of address)			
7.	Number of children in the family:				
Q	Placing of child (1st 2nd atc.)	9 Data of Rirth.			

Name:	Name:		
Occupation:	Occupation:		
Nationality:	Nationality:		
Mobile No:	Mobile No: Email:		
Email:			
• Language/s spoken at home:			
• Date of arrival in Ireland: (if applicab	ble)		
(b) With whom does the child normally reside	e: Name/s:		
(c) Is the family a one-parent family (this incl	ludes one-parent, separated and widowed families)?		
*PLEASE ATTACH ORIGINAL BIRTH CERTIFIC			
	2.Place of Baptism (If applicable):		
	TIFICATE if your child was baptised outside the parish.		
(This is used for First Holy Commun	ion purposes .It is not used as criteria for enrolment.)		
I give permission to Mr. Stephen Cunningham (Pri	incipal) and relevant members of staff of Coosan National School to the Manager/Principal of the pre-school/school listed above.		
15. Name and phone no. of Family Doctor:			
16. Has your child any special medical needs i.e. If yes, please give brief detail	I NO		
17. Has your child ever been referred to a specia	list by your doctor?		
If yes, please give brief details of referral:			

18. Does your child appear to have any difficulties with the following:

Hearing:	Yes No	Speech:	Yes No	Vision:	Yes No	
If yo necessary)	u have ans	wered yes to any/al	l of the abo	ove please give details (i	use the back o	f this sheet if
 19. Has your child been assessed or referred for psychological assessment i.e. behaviour, emotional etc.? If yes, please attach all relevant details and reports. Yes No No If yes, please give brief details: 						
21. Is this application for (i) mainstream? (ii)Special Education Class? 22. Is there any other information you would like us to know:						

<u>Coosan National School</u> <u>Emergency Numbers</u>

We make every effort to ensure the safety of your child; we may need to contact you in the event of an accident or an expected closing. Please fill in the following information, to enable us to update our records should we need to contact you during the school day.

TEXTAPARENT:

Coosan National School contacts parents/guard preferred number for receiving text messages he	lians of our pupils by text message. Please write your ere.
Child's Name:	
Child's Class:	
Address:	
Mother's/Guardian's Contact No	
Father's/Guardian's Contact No:	
1	nbers of 2 people who are available if the school has portant that these persons are aware that they are on
Please note the numbers below are not mobile r	numbers of parents/guardians
1. Emergency Contact No:	2. Emergency Contact No:
Relationship of Contact to child:	Relationship of Contact to child:

• Should these numbers change while your child is attending this school please inform us immediately.

Permission Slips

Educational Screening Tests

During your child's time in Coosan National School he/she will undergo various Educational Screening Tests. Your child may also be withdrawn from class for assessment, to access extra support and/or participate in in-class support with a member of the SEN Team.

Should my child require educational screening testing during his/her time in Coosan National School, I give permission for these tests to be carried out. Date: Parent/Guardian Signed: _ Date: Parent/Guardian **Discipline** I undertake to support, co-operate and carry out Coosan National Schools Discipline and Behaviour Policy in the interest and welfare of the whole school community. My child will wear the full school uniform. Parent/Guardian Signed: Date: _____ Parent/Guardian **Photographs of Students** Sometimes journalists visit our school to take pictures/videos of the children e.g. awards/prizes, sporting events, first day at school etc. Please visit our school website www.coosannationalschool.ie. In the case of website photos, student names will appear on the website as a caption to the picture. The Board of Management cannot be held responsible for pictures/video taken by parents/guardians at outings, celebrations, school performances etc. Consent: If you are happy to have your child's photograph taken as part of school activities and included in all such records, tick here. Signed: Date:

Parent/Guardian

	Stay Safe Progr	amme / RSE Prog	ramme	
_	cipation in the Stay Safe ay Safe / RSE Programm	-	pulsory and accept my	child's
Signed:			Date:	
Paren	nt/Guardian			
Signed:			Date:	
Paren	nt/Guardian			
	Infor	mation Sharing		
Board for immunisation sporting bodies when stored on the Primary	is requested to pass on ron purposes; to schools we children are taking part in Online Database (POD) ne school to pass on this in	when children are tr in games outside the and transferred to t	ansferring to another se school. Information the Department of Edu	school; to data is also
Signed:		·	Date:	
Paren	nt/Guardian			
	Scl	hool Outings		
	permission for your child		ps under teacher super	vision during the
school day e.g. trips to the local	town park, local historic	cal buildings etc.		
	Yes No)		
Signed:			Date:	
Paren	nt/Guardian			

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 effort to provide a positive learning experience for all children in the school.

1st Parent/Guardian's signature:
2 nd Parent/Guardian's signature:
IF ANY OF THE DETAILS IN THIS FORM CHANGE – FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.
NOMBER ETC. WOOLD TOO FLEASE IN ORM THE SCHOOL AT THE EARLIEST OFF ORTONTY.
Signature of parent/guardian:
Date of application:
*PLEASE DON'T FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S
DEVELOPMENT AND/OR NEED
Checklist
Please check you have completed this Application for Enrolment Form by ticking the following boxes.
Tick

1.	Have you read the Admissions Policy of Coosan National School?
2.	Have you included your Eircode on the Application form?
3.	Have both parents (if both are legal guardians) signed all consent pages?
4.	Have you included a copy of two acceptable Utility Bills (within 3 months)?
5.	Have you included your child's original Birth Certificate?
6.	Have you included a copy of your child's Baptismal Certificate (if applicable)
7.	Have you included a copy of all assessments relating to your child's development and/or needs (if applicable)
8.	Have you attached a recent photograph of your child on the Application form

Enrolment Forms cannot be accepted if all the above are not provided. Form must be completed and returned to the school before <u>3pm</u> on February 28th, 2025

Go raibh maith agat/agaibh.