

Donaghpatrick National School  
 Caherlistrane  
 Co. Galway  
 Roll No: 17207Q



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 Website: [www.donaghpatrickns.ie](http://www.donaghpatrickns.ie)  
 Principal: Muireann Cradock  
 Principal e-mail: [principal@donaghpatrickns.ie](mailto:principal@donaghpatrickns.ie)

### Application Form for Admission 2023-2024

**Please Note:**

All forms must be completed in full and returned to the school, as soon as possible along with an original Birth Certificate.  
 (Both Parents'/Guardians' signatures are needed on this form)

Child's Details	
<b>Name:</b>	
<b>Gender: M / F</b>	<b>PPS No.:</b>
<b>Date of Birth:</b>	<b>Nationality:</b>
<b>If not born in Ireland, date on which child arrived in Ireland?</b>	
<b>Ethnic or cultural background group your child belongs to (White Irish, Irish Traveller etc.):</b>	
<b>Child's mother tongue:</b>	
<b>Address at which child resides:</b>	
<b>Is the child living with both parents?</b>	
If not, with whom does the child usually reside?	
<b>Home Tel. No.:</b>	<b>Eircode:</b>
<b>Religious Denomination:</b>	<b>Is your child baptised? Yes / No</b>
<b>Did your child attend preschool? Yes / No – For how long?</b>	
<b>Name of Preschool attended:</b>	

Family Details		
	Mother	Father
<b>Name</b>		
<b>Mobile No:</b>		
<b>Work Address:</b>		
<b>E-mail Address:</b>		
<b>Nationality</b>		
<b>Mother's Maiden Name</b>		

<b>If Applicable: Guardian</b>	
<b>Name</b>	
<b>Mob. No. &amp; e-mail address</b>	
<b>Occupation</b>	
<b>Work Address</b>	

<b>Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.):</b>		<b>No. of children in family:</b>	
<b>Please state below, names of brothers/ sisters below:</b>			
<b>Name:</b>	<b>Class:</b>	<b>Name:</b>	<b>Class:</b>
<b>Name:</b>	<b>Class:</b>	<b>Name:</b>	<b>Class:</b>
<b>Please state below, name of younger children in family below:</b>			
<b>Name:</b>	<b>D.O.B</b>	<b>Name:</b>	<b>D.O.B</b>
<b>Expected start date of child above: Sept. 20__</b>		<b>Expected Start date of child above: Sept. 20__</b>	
<b>Name:</b>	<b>D.O.B</b>	<b>Name:</b>	<b>D.O.B</b>
<b>Expected start date of child above: Sept. 20__</b>		<b>Expected Start date of child above: Sept. 20__</b>	

<b>Collection from School</b>		
Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine <b>please inform the school in writing</b> . (Parents must alert the staff if their child/ren is/are going to be collected by someone unknown to the child/ren or staff. <b>This responsibility lies with the parents</b> ).		
<b>Person who usually collects child/ren:</b>	<b>Name:</b>	<b>Mob. No.:</b>
<b>Emergency Contact Names and Mobile Numbers</b>		
If your child gets sick or the school has to close unexpectedly etc. and there is no one at home/the school is unable to contact you, please nominate the following person/people to come and collect your child.		
<b>Person the school will contact:</b>	<b>Name:</b>	<b>Mob. No.:</b>

<b>Medical History</b>	
<b>Doctor's Name:</b>	<b>Tel. No.:</b>
<b>Has your child ever received Speech and Language Therapy? Yes / No</b>	
<b>Has your child ever had a Psychological Assessment? Yes / No</b>	
<b>Are there any specific equipment/ resources that the school will require for your child?</b>	
_____	
(Where a school reasonably requires further information, the application will not be treated as being complete until such time as all requested information has been received.)	
<b>Does your child have an allergic reaction to medication, food, face painting, plasters, bee/wasp stings etc.? Yes / No Details:</b> _____	
<b>Note: Administration of Medication Policy:</b>	
Should your child require medication during the school day e.g. inhaler etc. or have any allergies, it is the responsibility of the parent(s)/guardian(s) to notify the school/class teacher so that correct procedures can be put in place.	

### **First Aid**

Unfortunately, children regularly have minor accidents in the yard at school. In order to avoid further distress to the child we practise a very simple procedure of first - aid. Cuts and grazes are cleaned with water only and a simple plaster may be applied. Ice packs are available for bangs and bumps, at the teacher's discretion. Ice is used for wasp and bee stings. It is the parents' responsibility to examine the injury when the child arrives home and to administer any further aid required.

I agree with this practice.

### **Medical Emergency/Accident:**

In the event of not being able to contact you, the child's parent/s, consent will be given by you, the parent/s to staff member/s to

- make an informed decision, with/without advice of emergency services, as to the best possible measures to be taken for the welfare of your child/ren.
- contact emergency services
- give permission to emergency services to carry out necessary procedure/s

I agree with this practice.

### **Medical Indemnity:**

I/we hereby agree to indemnify and keep indemnified the Board of Management, its servants and agents including without prejudice to the generality the said teaching and non-teaching staff of the said school from and against all claims, both present and future, arising from the administration or failure to administer first aid/emergency procedures.

### **Diagnostic Testing:**

During your child's time in Donaghpatrick National School, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual/group 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.

### **Toileting Accidents:**

Toileting accidents are not uncommon, particularly at junior level, and staff at Donaghpatrick N.S. address such accidents as follows:

Parent/s will be notified by phone. If teacher/s are not able to make contact with parent/s or if the parent/s are not in a position to come to the school, consideration will be given to the implications of leaving the child unattended to in the situation. Unless there are very specific reasons why school staff should not attend to the child, teacher/s will provide the child with temporary replacement clothes. If teacher/s must intervene in helping the child to clean him/herself or to redress him/herself then two members of staff, familiar to the child, will assist, in order to avoid putting child/staff at risk. Parent/s is/are informed as soon as possible.

I agree with this practice.

### **School Attendance:**

Donaghpatrick National School recognises the importance of regular school attendance which is promoted in its School Attendance Policy. We are legally obliged through the Education Welfare Act 2000 to notify Túsła if your child is absent for 20 or more days during any school year. When your child is absent from school, it is necessary to send a short-written explanation on their return to school to the class teacher. Such notes are kept in the school in case of a possible enquiry by Túsła. I agree to co-operate in this regard.

**Sharing Information:**

- I give permission to allow my child's details (name, address, date of birth, P.P.S.Number etc.) to be given to agencies such as the Department of Education and Skills Primary Online Database, the HSE etc.
- I give permission to allow my child's photograph/image work to be included in school-related activities, school website, competitions etc.
- I give permission for my child to participate in school activities with Visiting Teachers and I give permission for my phone number to be forwarded to the relevant teachers.

**Change of family circumstance/guardianship:**

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled access to their child during school hours. If there is any change in this regard (court orders, legal proceedings etc.) or if there is any other information which you think may be relevant, it is very important that the school is informed immediately.

**I declare the above information to be correct and understand that it will be treated as confidential. I acknowledge that I have received, read and accepted the following policies of Donaghpatrick National School:**

- **General School Policy,**
- **Code of Behaviour,**
- **Anti-Bullying Policy**
- **Healthy Eating Policy**

Other information is available on our school website: [www.donaghpatrickns.ie](http://www.donaghpatrickns.ie)

<b>Mother's Signature</b>		<b>Date:</b>
<b>Father's Signature</b>		<b>Date:</b>

Signed: \_\_\_\_\_  
Muireann Cradock (Principal)

Date: \_\_\_\_\_

**If transferring from another school:**

<b>Previous School:</b>
<b>Address:</b>
<b>What class was your child in when he/ she left the school?</b>
<b>Reason for transfer?</b>
<b>Have you enclosed a copy of the most recent school report and attendance record? Yes / No</b>

<b>Mother's Signature</b>		<b>Date:</b>
<b>Father's Signature</b>		<b>Date:</b>