

**Application for Enrolment to
Fossa National School, ASD Class, Killarney
064-6634863**



Christian Name: _____ **Surname:** _____

Date of Birth: _____ (*Birth Cert. must be supplied*). **Male/Female** _____

Religious Denomination: _____ **Please tick if Baptised in Fossa Church**
(*no Cert. needed from Fossa Church*) - (*Cert. must be supplied if baptised outside Fossa*)

Address: _____

EIRCODE: _____ **Pupil's P.P.S. Number:** _____

Nationality: _____ **Language spoken at home:** _____

Father's Name: _____ **Mother's Name:** _____

Mothers Maiden Name: _____

Address: _____
(*If different from pupil's*)

Address: _____
(*If different from pupil's*)

Fathers Email: _____ **Mother's Email:** _____

Occupation: _____ **Occupation:** _____

Tel. No. Home: _____ **Tel. No. Home:** _____

Work: _____ **Work:** _____

Mobile: _____ **Mobile:** _____

Do you consent to uploading data relating to Religion to POD? Yes No

To which ethnic or cultural background group does your child belong: (Please circle)

White Irish Irish Traveller Roma Any other White Background

Black or Black Irish –African Black or Black Irish – Any other Black Background

Asian or Asian Irish-Chinese Asian or Asian Irish – Any other Asian Background

Other (incl. mixed background) no consent

Do you consent to uploading to ethnicity to POD: Yes No

All the above information is required for Primary Online Database (POD)

P.T.O.

Is your child living with? (*Circle appropriate*)

Both Parents

One Parent

Grandparents

Carers

Shared Custody

Who are the Legal Guardians of your child? _____

Is there any Court Order in place which may affect our care of your child? – *Yes / No*

If yes, a copy of same must be provided to the Principal.

If you have shared custody, what are the child's living arrangements? _____

MEDICAL

Name of family doctor _____

Do you have a medical card

YES

NO

Any childhood illnesses? _____

Any medical problems: _____

Is your child on any medication? _____

Is there a problem with: Hearing: _____ Sight: _____

Does your child have speech and language difficulties? _____

Is your child being seen by any Agency if so by whom? _____

(If there are any reports available pertaining to the child's health, speech, hearing, or developmental progress, of which the school should be made aware, please contact the class teacher.)

EDUCATIONAL:

Previous School: _____

Address: _____

Class: _____

For pupils transferring from another mainstream school, additional form is required.