



Scoil Aoife Community National School

Brookfield Youth & Community Centre
 Brookfield Road, Tallaght, Dublin 24.
 Phone: 086 8152200 www.scoilaoifecns.ie
 Principal: Stacey McAuley



ACCEPTANCE FORM

This is an acceptance form for admission to Scoil Aoife Community National School. By completing this form you are accepting a place for your child for enrolment in the above named school.

1. Pupil Details

YEAR FOR ADMISSION		CLASS	
PUPIL'S SURNAME			
PUPIL'S FIRST NAME		<i>Male</i>	<i>Female</i>
DATE OF BIRTH Dd/mm/yyyy			
ADDRESS (Primary Residence)			
NAME & ADDRESS OF PRE-SCHOOL			
RELIGION (see Note 2)			
COUNTRY OF ORIGIN (see note 3)			

2. Family Details

MOTHER'S NAME	<u>Occupation</u>	<u>Nationality</u> (See note 4)	<u>Mobile Number</u>
FATHER'S NAME	<u>Occupation</u>	<u>Nationality</u>	<u>Mobile Number</u>
TELEPHONE NUMBERS	<u>HOME</u>	<u>Other emergency contact number & relationship to family</u>	
Brothers/Sisters	<u>Name(s)</u> 1. 2. 3.	<u>Age(s)</u>	<u>School(s)</u>
Does any Legal Order under Family Law exist that the school should know about and have a copy of? Please tick as appropriate.	<u>Yes:</u> <u>(if yes please give details to school)</u>		<u>No:</u>



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3. Medical Information (see note 1)

Please tick as appropriate	<u>Yes</u>	<u>No</u>	<u>If yes, please provide details</u>
Has your child any health problems such as allergies, epilepsy, asthma, sight hearing, speech, fainting, toilet training etc.?			
Is your child on long term medication?			
Does your child suffer from any medical condition that may necessitate the administration of emergency medicine/treatment on the school premises?			
Has your child ever been referred to any outside agency? (i.e. psychologist, speech & language therapist, occupational therapist, social worker etc.) If so, the school requests copies of the reports you received			

Signature: _____ **Date:** _____
(Parent/Guardian 1)

Signature: _____ **Date:** _____
(Parent/Guardian 2)

All completed acceptance forms should be returned to:
ACCEPTANCE,
Scoil Aoife Community National School,
c/o DDLETB, 1 Tuansgate , Belgard Square East,
Tallaght, Dublin 24

Note 1: This information is requested in order to assist Scoil Aoife CNS in making any necessary applications for additional teaching support and/or resource for your child.

Note 2: This information is requested in order to assist Scoil Aoife CNS in making provision for the timetabling of Religious Education/Multi-Belief classes.

Note 3: The Department of Education and Skills requires this information to assess the school's qualification for special support.

Note 4: This information is requested in order to assist Scoil Aoife CNS in making any necessary applications for additional teaching support and/or resources for your child.



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The information in this form may be shared with other local primary schools and the purpose of this is to prevent double enrolling.

All of the information you provide in this form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application will be rendered invalid.

If you wish to discuss any of the content of this form please contact Scoil Aoife CNS at the details listed above

- Acceptance form Fully Completed**
- €50 Deposit Paid**

FOR OFFICE USE ONLY:

Enrolment Number: _____ Class: _____ Date: _____