



St. Patrick's N.S.,  
Stackallen, Navan, Co.Meath  
Tel: (046) 9024207  
Email: [info@stackallenschool.com](mailto:info@stackallenschool.com)

### APPLICATION FOR ADMISSION OF NEW PUPILS

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Child's PPS Number: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ \*\*\*

Father's Mobile Number: \_\_\_\_\_ Mother's Mobile Number: \_\_\_\_\_

*If you change your mobile number during the school year please inform the school immediately as it is vital to keep our records up to date in case of an emergency.*

*\*\*\* These details are required for The Department of Education & Skills Registration*

Religion: \_\_\_\_\_ Date & Place of Baptism: \_\_\_\_\_

Any previous schools attended: \_\_\_\_\_

Any previous preschool attended: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Any previous or current medical conditions: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Is your child on any long term prescribed medication? \_\_\_\_\_

Does your child suffer from any allergies: \_\_\_\_\_

Any other information which the school may find helpful regarding your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONSENT

- Do you consent to your child being taken to the doctors or hospital in the event of an emergency if you cannot be contacted?

Yes / No

- Do you give permission for your family details (name, address, date of birth, etc.) to be given to agencies such as the HSE (school nurse, doctor, dentist) etc.?

Yes / No

- Do you consent to allow your child to visit sports facilities for matches etc.?

Yes / No

- Do you consent to your mobile number being used by the school for text alerts via the school text system?

Yes / No

- Do you give consent for your child's photograph/image to be included on our website (the name will not be included) in school-related activities, competitions etc.?

Yes / No

*(The Board of Management cannot be held responsible for pictures/video taken by parents as sporting outings/ celebrations/ school concerts etc.)*

- Do you consent to your child taking part in the Stay Safe and Walk Tall Programmes as part of the SPHE curriculum?

Yes / No

## PRIVACY

**As per the Data Protection Act, any information sent by you will be treated in the strictest confidence and used only for school records.**

**Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was baptised outside the parish) with this form. These documents will be photocopied and returned.**

**Parent(s) / Guardian(s) Signature(s):** \_\_\_\_\_

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