



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

APPLICATION FOR ADMISSION OF NEW PUPILS

Name of child: _____ Date of birth: _____

Address: _____

Eircode: _____

Nationality: _____ Child's PPS Number: _____

Father's / Guardian's Full Name: _____ Occupation: _____

Mother's / Guardian's Full Name: _____ Occupation: _____

Mother's Maiden Name: _____ ***

Father's / Guardian's Mobile Number: _____ Email address: _____

Mother's / Guardian's Mobile Number: _____ Email address: _____

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 / Facebook or Instagram page (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: _____