



Please complete this enquiry form and forward it with your child's birth certificate/passport, most recent school report and if appropriate, copies of psychologist's reports to the school.

Date of Application: _____

Child's Name: _____

Date of Birth: _____

Male/Female: _____

PPS Number: _____

Nationality: _____

Language Spoken at Home: _____

Home Address: _____

Eircode _____

Mother's Name _____

(as spelled on passport/birth cert.)

Father's Name: _____

(as spelled on passport/birth cert.)

Mother's Telephone: _____ Father's Telephone: _____

Parent's email: _____

Mother's Occupation: _____

Father's Occupation: _____

This section must be completed:

In case of emergency (sickness, accident, school closure) if we cannot contact you, we need to have an alternative contact number. Please ensure that the person nominated is aware of this and agrees to be contacted.

Name _____ Telephone _____

Relationship to child (aunt, grandmother, family friend, etc.) _____

CENTRAL MODEL SENIOR SCHOOL

- Does your child have a brother or sister in Central Model Senior or Infants' school?

YES NO

Name _____ Class _____

Date arrived in Ireland: _____

Name of school child presently enrolled in: _____

If your child is enrolled in school in Ireland, please state the class (e.g. 1st, 4th class) _____

It is extremely important for the school to be aware of any difficulties your child has so that relevant resources can be put into place for him/her. This information is strictly confidential and does not affect your application. It is in your child's best interest to share all information in advance of him/her attending our school.

Please tick box

YES NO

- Does your child have any Special Educational Needs?

If yes give details below

- Is your child or family involved with TUSLA (Child and Family Agency)/Social Worker/ Educational Welfare Officer?

If yes give details below

- Does your child have any medical condition the school should know about?

If yes give details below

- Does your child have any disability/hearing impairment/sight problems etc.?

If yes give details below

- Does your child have any allergies?

If yes give details below

- Has your child been assessed by a Clinical / Educational Psychologist?

CENTRAL MODEL SENIOR SCHOOL

- | Please tick box | YES | NO |
|---|--------------------------|--------------------------|
| • Has your child been assessed by a Speech and Language Therapist? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your child attend Speech and Language Therapy? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has your child been assessed by an Occupational Therapist? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your child attend Occupational Therapy? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has your child been suspended/excluded from another primary school? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does any legal order under family law exist, of which the school should be made aware? If yes, please give details and attach a copy of the order. | <input type="checkbox"/> | <input type="checkbox"/> |
-
-
-

- | Please tick box | YES | NO |
|---|--------------------------|--------------------------|
| • I give permission for all assessment data (tests/reports) held by my child's previous school to be transferred to Central Model Senior School. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I am aware that Central Model Senior School has a number of policies which are available to view on the school website www.centralmodelseniorschool.ie These policies include Admissions, Child Protection, Anti Bullying and Code of Behaviour. I/We agree to ensure our child upholds all policies of the school. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I/We give permission to the school to use my/our child's school work/photograph for the school website. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I/We give permission for my child to go on local school trips e.g. to the library, park, art gallery, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I/We give permission for my child to receive extra teaching support in a small group if necessary. | <input type="checkbox"/> | <input type="checkbox"/> |

CENTRAL MODEL SENIOR SCHOOL

- Central Model Senior School is part of City Connects. City Connects provides support for students and helps connect them to services in the area.

YES NO

I agree for my child to be part of City Connects

Aladdin Connect

- The school uses Aladdin Connect App to communicate with parents, if your child is accepted in the school we will give you the App information sheet to set you up on Aladdin Connect.

I agree for my child's information to be used in Aladdin connect

- This consent will remain in place for the duration of your child's enrolment in Central Model Senior School unless written notice to the contrary is supplied to the school Principal.
- All information sought will be treated in compliance with Central Model Senior School's Data Protection Policy.

Declaration

- **Please inform the school of any issues which may affect the pupil's engagement with the daily routine of school life.**
- **I, the undersigned, declare that all the information given is correct. I agree to support the work of the school and abide by its policies and rules, and I will ensure that my child will do likewise.**
- **Please attach copies of any reports completed by psychologists, therapists, doctors etc.**
- **I acknowledge that failure to submit truthful and accurate information in support of this application shall render the application null and void.**
- **This application form is incomplete if you do not attach a copy of your child's passport/birth cert and school report from previous school.**

Signed:

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Office use only:

YES NO

Date received _____

passport/birth cert. received

School report