



Please complete this enquiry form and forward it with your child's birth certificate/passport 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: _____

Mother's Name (as spelled on passport/birth cert.) _____

Father's Name: _____

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

Parent's email: _____

Mother's Occupation: _____

Father's Occupation: _____

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

Date arrived in Ireland: _____

Name of school child presently enrolled in: _____

This information will help us to provide the appropriate support for your child.

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?

- Has your child been assessed by a Speech and Language Therapist?

- Does your child attend Speech and Language Therapy?

- Has your child been assessed by an Occupational Therapist?

CENTRAL MODEL SENIOR SCHOOL

Please tick box

YES NO

- Does your child attend Occupational Therapy? YES NO
 - Has your child been suspended/excluded from another primary school? YES NO
 - 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. YES NO
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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. YES NO
- 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. YES NO
- I/We give permission to the school to use my/our child's school work/photograph for the school website. YES NO
- I/We give permission for my child to go on local school trips e.g. to the library, park, art gallery, etc. YES NO
- I/We give permission for my child to receive extra teaching support in a small group if necessary. YES NO
- Central Model Senior School is part of City Connects. City Connects provides support for students and helps connect them to services in the area.
I agree for my child to be part of City Connects YES NO

CENTRAL MODEL SENIOR SCHOOL

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