State of the second sec	armon astlerea o. Roscommon 45K298	Phone: 094 962 Email: <u>office@t</u> Website: <u>www.t</u> Roll Number: 13	1143 armonns.ie armonns.ie 3757I	Autism Cent
Name of Child:	Date of birth:			
Home address:				
Eircode:	[Did you attach a cop [,]	y of birth certificate	?
P.P.S. Number:		National	ity:	
Irish version of nam	าย:	Religious	denomination:	
Language/s spoken	at home:	Intended dat	te of entry to school	:
Any previous schoo Preschool attended	baptism: bl attended: d:		Cla	ass:
		members who attend/attended this Father/Guardian Name:		ency Contacts:
Mother/Guardian Name:				
	Occupation	າ:	_ 2	
Decupation:		n:		
Dccupation: Mobile: Home No:	Mobile: Home No: _		Relationship t	o Child:
Dccupation: Mobile: Home No: Work No:	Mobile: Home No: Work No: _		Relationship t 1 _ 2	o Child:
Ccupation: Mobile: Home No:	Mobile: Home No: Work No: _		Relationship t 1 _ 2 _ Mobile 1:	o Child:

Tarmon National School- Application for Admission of New Pupils 2024/2025

Do you agree that your child should partake in all school programmes and adhere to all school policies? (Policies are available for viewing in the school) ______

In the event that your child should experience learning difficulties, do you consent to educational screening and diagnostic testing for your child and follow up learning support if the school deem it appropriate?

Do you give permission to allow information from this application form, including your child's religious denomination and nationality, to be uploaded to the Department of Education & Skills Primary Online Database (POD)?:

Do you give permission for your child's name/photo/video clip to be used for school/community publications and competitions during the year and to be uploaded to the school's website and the school's social media accounts such as Facebook and Twitter?

Do you agree to give permission to Tarmon N.S. to forward your child's details to agencies such as the Health Service Executive (H.S.E.) for scheduling health screening such as hearing, vision, dental etc.?

List any problems your child may have in relation to health (allergies, epilepsy, asthma, sight, hearing, speech, fainting etc.), toilet training, inability to cope with buttons, movement of limbs/body:

Outline any other concerns or difficulties that you think your child may have:

The school should be made aware of any court order which affects the child's welfare and also the name of any person, into whose custody, the child should not be given. All relevant documentation should be given to the school and updated when relevant:

We will co-operate with the staff and support the ethos of the school.

Signed: ______ (parent/guardian) Date: ______

*Please ensure that you keep the school/office informed of any changes of address, contact numbers or email address.