

Tarmon National School- Application for Admission of New Pupils 2021/2022



**Tarmon
Castlerea
Co. Roscommon
F45K298**

Phone: 094 9621143
Email: office@tarmonns.ie
Website: www.tarmonns.ie
Roll Number: 13757I



Name of Child: _____ Date of birth: _____

P.P.S. Number: _____ Nationality: _____

Irish version of name: _____ Religious denomination: _____

Language/s spoken at home: _____ Intended date of entry to school: _____

Date and place of baptism: _____

Any previous school attended: _____ Class: _____

Preschool attended: _____

Siblings who attend/attended this school: _____

Mother/Guardian Name:	Father/Guardian Name:	Other Emergency Contacts:
_____	_____	1. _____
Occupation: _____	Occupation: _____	2. _____
Mobile: _____	Mobile: _____	Relationship to Child:
Home No: _____	Home No: _____	1. _____
Work No: _____	Work No: _____	2. _____
Email: _____	Email: _____	Mobile 1: _____
		Mobile 2: _____

Home address: _____

_____ Eircode: _____

Name & address of family Doctor: _____

Did you attach a copy of birth certificate? _____

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In the case of a serious illness/accident do you give permission for your child to be taken to hospital should there be no response from the above numbers? _____

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 diagnostic testing? _____

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 during the year and to be uploaded to the school's website, Facebook page, Twitter a/c? _____

Do you agree to give permission to Tarmon N.S. to forward your child's name to the Health Service Executive (H.S.E.) for school dental and health services? _____

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: _____

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.

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

Signed: _____ (parent/guardian) Date: _____

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