

S. N. Foghlaim Le Chéile Atha Fhirdhia

Ardee Educate Together N. S.

Bóthar Dún Dealgan

Dundalk Road

Átha Fhirdhia

Ardee

Contae Lú

Co Louth

A92 TW80

e-mail: [ardeeetns@gmail.com](mailto:ardeeetns@gmail.com)

Tel/Fax: 041 6853774



## Enrolment / Admission Acceptance Form

All sections to be completed

### Details of Child:

Surname: \_\_\_\_\_ Gender: Male \_\_\_\_/ Female \_\_\_\_

First Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ P.P.S. No: \_\_\_\_\_

Date of entry: \_\_\_\_\_ Class: \_\_\_\_\_ School Reg. No: \_\_\_\_\_

Childs position in family: \_\_\_\_\_ Nationality: \_\_\_\_\_

**Parent/Guardian:** Parent / Guardian 1

Parent / Guardian 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

### Telephone No/s:

Home: \_\_\_\_\_ E-mail \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Telephone No/s: \_\_\_\_\_ (H)

\_\_\_\_\_ (W) \_\_\_\_\_ (M)

**Educational Background:**

**Junior Infant Enrolment:**

Has child attended a pre-school? \_\_\_\_\_ For how long? \_\_\_\_\_

Name of pre-school: \_\_\_\_\_

Do you have any reason to believe your child has special needs? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had a psychological assessment? \_\_\_\_\_

**All other classes / School Transfers:**

Previous school attended: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Enrolment dates in previous school: From \_\_\_\_\_

Until \_\_\_\_\_

Present class: \_\_\_\_\_

Reason for transferring child:

\_\_\_\_\_

Has your child ever:

repeated a class? \_\_\_\_\_

received learning support? \_\_\_\_\_

received resource hours? \_\_\_\_\_

attended for psychological assessment? \_\_\_\_\_

If so, where is the psychological report located? \_\_\_\_\_

**Medical Background:**

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Details of any medical conditions / allergies: (e.g. peanut, asthma, epilepsy, diabetes etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action to be taken in an emergency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you consent to your child receiving medical attention from a doctor in the event that a parent / guardian cannot be contacted in an emergency?

\_\_\_\_\_

Any religious or ethical details you wish to inform the school of: (optional)

\_\_\_\_\_  
\_\_\_\_\_

Do you agree to your child being photographed / Videoed by Board of Management approved personnel during school activities?

(Please tick relevant box)

In scrapbooks    Yes            No            On display boards    Yes            No

In newspaper

Articles/flyers    Yes            No            On school website    Yes            No

Date of Admission: \_\_\_\_\_

I agree that my child will take part in the Stay Safe Programme (Child Protection) Staysafe.ie.

**Notes:**

A copy of your child's birth certificate must accompany this form. Please do not send the original, a copy only is required.

Please enclose 2 colour passport sized recent photographs of your child with the child's name printed clearly on the back.

**Declaration by Parent / Guardian:**

I declare that the information given in this form is correct. I am aware that it is my responsibility to inform the school of any change in this information.

I agree that my child will abide by the Code of Behaviour and school policies as approved by the Board of Management of Ardee Educate Together National School.

Signed: \_\_\_\_\_ Parent /Guardian

Date: \_\_\_\_\_

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Tel/Fax: 041 6853774

Website: [www.aet.ie](http://www.aet.ie)

Dear Parents,

Welcome to Junior Infants. We are trying to get to know your child and looking forward to working with you over the next year to support your child's education. In order to get a "jump start" in developing a relationship with your child you can help us by filling out the following information and returning it to us as soon as possible. Knowing what activities and interests your child has helps us to develop curriculum that is exciting and meaningful for your child. Knowing areas you perceive as more difficult for your child helps us to stretch and encourage your child in new areas or places s/he might be tempted to avoid. Thank you for your help. Parents are the most important people in a child's life, and we need to work together for the benefit of your child. With home and school working together we know that each and every student can have the most successful year yet.

Child's Name: \_\_\_\_\_

Areas I see as strengths for my child: (academic or social):

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Areas I see as more difficult for my child: (academic or social):

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What I hope my child will learn this year:

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My child's interests are: (include favourite magazines, toys, activities, outings, play acting, math, art, computer time, sports, etc.)

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Things my child perceives as especially rewarding (e.g., special privileges, leadership roles, special foods, stickers, baseball cards, movies etc.).

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Things about my child that is special: (include pets, siblings, clubs, grandparents or other people involved closely with your child).

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

LOOKING FORWARD TO A GREAT YEAR!