| Castlebridge National schoolCastlebridge, Co Wexford |
| --- |
| Roll Number:18707S | Phone Num:053 9159442 | Email:castlebridgens@gmail.com |
| Website address: www.castlebridgens.ie | **N.B. Copy of Child’s Birth Certificate to accompany this form** |  |
| Pupil Information |
| First Name: | Surname: |
|  |  |
| Address: | Birth Cert Name: |
| Eircode: |  |
| Date of birth: | PPSN: | Gender: |
| Religion: | Parish: | County: |
| Baptised: (Yes / No) | Date Baptised: | Location Baptised: |
| Nationality: | Year of Entry: | Exempt from Irish: (Yes / No) |
| Name(s) of Siblings attending this school: |
| Name & Address of Previous Crèche /Playschool/Montessori School: |
| Ethnic or Cultural Background:***Select from one of the following****: White Irish / Irish Traveller / Roma / Any other White Background / Black or Black Irish – African / Black or Black Irish – Any other Black Background / Asian or Asian Irish – Chinese / Asian or Asian Irish – Any other Asian Background / Other (Incl. Mixed Background) / No Consent*  |
| family details |
| **Father/Guardian First Name:** | **Father/Guardian Surname:** | **Key Contact (Yes / No)** |
| Fathers/Guardian Address: |
| Mobile Phone: | Work Phone: | Home Phone: |
| Email: | Occupation: | PPSN: |
| Nationality: | Religion: | Father’s first language |
| **Mother/Guardian First Name:** | **Mother/Guardian Surname:** | **Key Contact (Yes / No)** |
| Mother/Guardian Address: |
| Mobile Phone: | Work Phone: | Home Phone: |
| Email: | Occupation: | PPSN: |
| Nationality: | Religion: | Mother’s first language |
| **Other Contact First Name:** | **Other Contact Surname:** | **Key Contact (Yes / No)** |
| Other Contact Address: |
| Mobile Phone: | Work Phone: | Home Phone: |
| Application details |
| Date of Application: | Date Registered: | Date Started: |
| Office use onlyReg No. | Office use onlyDate Left: |  |
| Medical Information |
| Doctor Name: | Doctor Phone |
| Medical History / Conditions/Learning Disabilities: |
| Does your child have any problems with Hearing?Does your child have any problems with Eyesight? |
| Authorisations  |
| Please tickDo you wish to give your child permission to leave the school grounds to go home for lunch? Yes No Do you give permission to take your child to hospital in case of serious illness or accident? Yes No Does any legal order under family law exist that the school should know about? Yes NoI consent for the details of my child’s name, address, class and date of birth to be provided to theHSE to facilitate their liason with our school, families and pupils. Yes NoI consent for my details to be used in Aladdin service Yes NoI consent for my child’s details to be shared with the Department of Education & Skills Yes No We may contact your child’s crèche/Montessori/etc. to seek relevant information on your child.Information contained on this form including your child’s PPSN may be shared with the following organisations – Health Board & Department of Education & Skills only. If any other agencies request information we will contact you for permission.I CONFIRM THAT I HAVE READ THE ADMISSIONS POLICY ON CASTLEBRIDGE N.S. AND THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. |
| SIGNATURES |
| Signature of Parent / Guardian: | Date: |
| Signature of 2nd Parent Guardian: | Date: |

**Child Profile**

**(Private & Confidential – for school records only)**

Number of children in family and their ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of this child in the family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who are the legal guardians of your child/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child living with (circle appropriate) Both parents One parent Grandparents Carers Others

**DEVELOPMENT**

Describe pregnancy/birth/delivery (please circle) Normal Difficult

How did your child feed (please circle)? Normal Difficult Slow

Did your child crawl? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At what age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What age did your child walk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What age did your child talk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How was toilet training (please circle)? Normal Difficult Slow

**MEDICAL/EDUCATIONAL**

Any childhood illnesses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is your child on medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any speech and language problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child being seen by any Agency & if so by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child show any behaviour challenges? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your child’s personality? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did/Does your child attend playschool/Monstessori? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did your child separate from you/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any issues you think the school may need to know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PERSONAL**

What are your child’s interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child get on with brothers and sisters? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child see Grandparents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom is your child very closely attached? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has there been any major trauma in your child’s life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your child’s temperament? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERNATIONAL CHILD PROFILE**

Country of origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of arrival of child in Ireland: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you wish your child to take part in Religion class? Yes No

Other family members in Ireland: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child attended a playschool? Yes No In Ireland? Yes No

Did your child attend school in his/her country? Yes No If yes, how many years? \_\_\_\_\_\_\_\_\_\_\_\_

Does your child read in his/her own language? Yes No

How well does your child speak/understand English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel your child would benefit from extra English lessons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_