**COACHFORD NATIONAL SCHOOL APPLICATION FORM**

**YEAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF CHILD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PPS NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTS PPS NO: IF CHILDS IS NOT AVAILABLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTS E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S NAME & MAIDEN SURNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EIRCODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE NUMBERS: HOME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **WORK\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Father)**

 **WORK\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mother)**

**PARENTS OCCUPATIONS – FATHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **MOTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NAMES AND PHONE NUMBERS IN CASE OF EMERGENCY**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELIGIOUS DENOMINATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY PREVIOUS SCHOOL ATTENDED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS\_\_\_\_\_\_\_\_\_ in the school**

**NAME OF FAMILY DOCTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOES ANY LEGAL ORDER UNDER FAMILY LAW EXIST**

**THAT THE SCHOOL SHOULD KNOW ABOUT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAVE YOU ATTACHED A COPY OF**

**(a) BIRTH CERT\_\_\_\_\_\_\_\_\_\_\_\_? (b) BAPTISMAL CERT (if applicable)\_\_\_\_\_\_?**

## CHILD PROFILE

**MEDICAL/EDUCATIONAL**

Please indicate any medical conditions that may affect your child’s progress in school.

1. Speech [ ] Hearing [ ] Sight [ ]

1. Medical Conditions: Asthma [ ] Epilepsy [ ] Heart Conditions [ ] Diabetes [ ]
2. Allergies: Food [ ] Wasp Stings [ ]
3. Other [ ]

**Please give details of the above.**

**Did your child attend playschool?** Yes [ ] **No** [ ]

**Name of Playschool:**

**Dates:**

**Does your child have any special educational, physical, emotional, language needs?**

### SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent

**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_