

APPLICATION FOR ADMISSION FORM PART 1

St Felim's National School

(042) 9665605
office@thevalens.com
www.thevalens.com



Roll No. 18564W
Charity No: 20109967
Principal: Mrs. Eilís Keegan
Deputy Principal: Mrs. Patrice Clarke

Leiter, Bailieborough, Co. Cavan A82 CX30

Part 1: Pupil Details

PLEASE USE BLOCK CAPITALS

Pupil Surname (*as on birth certificate*): _____

Pupil First Name (*as on birth certificate*): _____

Date of Birth: _____

Pupil Nationality: _____

Pupil's First Language: _____

Pupil's Position in family: (1st of 3) _____

Is English spoken at home? Yes No

Class Level for Admission: _____

Academic Year for Admission: _____

Parish of Residence: _____

Pupil's Address including Eircode:

St Felim's N.S requires a copy of a pupil's Birth Certificate. Please tick the box to confirm that it is enclosed

Does the pupil have any additional educational/learning needs? Yes No

Does the pupil have any additional physical needs? Yes No

Does the pupil have any additional behavioural needs? Yes No

If you answered yes to any of the above please give details:

Medical/Allergy Information (please give a brief outline, if applicable):

Family Details

Parent/Guardian 1:

Parent/Guardian 2:

Surname: _____

First Name: _____

Mobile Phone Number: _____

Parent/Guardian 1:

Parent/Guardian 2:

Home Phone Number:

Contact Email Address:

Does the child have any siblings currently attending this school?

Yes

No

Name:

Class:

Name:

Class:

Name:

Class:

Name:

Class:

Names of Siblings who attended this school in the past?

Name:

Year of Completion:

Name:

Year of Completion:

Name:

Year of Completion:

Is either parent/guardian a past pupil of St Felim's National School?

Yes

No

Part : Declaration & Checklist

I/We am applying for admission for the named pupil to St Felim's National school.

I/ We have read the schools Admission Policy available on www.thevalens.com.

I/We accept and agree to the terms of the Admission Policy.

I/We have read the school's Code of Behaviour available on www.thevalens.com.

I/We accept and agree that I/we and the pupil named on this form will abide by the school's Code of Behaviour.

Signed: Parent/Guardian:

Signed: Parent/Guardian:

NOTE: Signatures of both Legal Guardians/Parents are required (unless in the case of sole guardianship where proof of same may be required)

Data Protection: As per the Data Protection Act, any information required from you as part of the admissions process will be treated in the strictest confidence and used only for school records and administration. A copy of our Data Protection Policy is available on www.thevalens.com

FOR OFFICE USE ONLY

Form Received by:

Date:

Is the form fully completed?

YES

No

Has the information been shared on Aladdin?

YES

No

By & Date: _____

FOR BOARD OF MANAGEMENT USE ONLY

School Stamp

This application falls under Criteria: _____

Child was offered place Child was not offered place

Date of Board Meeting: _____

