

**SN Leiter, Coill an Chollaigh, Co. Cabhain      Roll No. 18564W**  
**LEITER, BAILIEBOROUGH, CO. CAVAN**  
**Principal: Mrs. Cathriona Molloy**  
**Phone/Fax: 042-9665605      Email: [office@thevalens.co](mailto:office@thevalens.co)**



Child's Details	
Child's Name:	Date of Birth:
Child's Address:	Class Level for Admission:
	Academic Year for Admission:
Eircode:	Parish within which you live:
Child's Nationality:	First Language:
	Is English spoken at home? YES / NO
Does your child have: Additional Educational/Learning needs? YES/NO Additional Behavioural needs? YES / NO Additional Physical needs? YES / NO  If you answered YES to any of the above, please give a brief outline:	Child's position on family e.g. 1 <sup>st</sup> of 3
	Do you have any other children attending St. Felim's at Present? YES / NO
	Name: Class:
	Name: Class:
	Name: Class:
Please enclose a Copy of Child's Birth Cert: Tick Box to confirm it's enclosed: <input type="checkbox"/>	Have you had any other children attend St. Felim's in the past? YES / NO
	Name(s):
Medical / Allergy Information: (Please give a brief outline, if necessary)	

Parent / Guardian's Details	Parent / Guardian's Details
First Name:	First Name:
Surname:	Surname:
Mobile Phone No:	Mobile Phone No:
Home Phone No:	Home Phone No:
Work Phone No:	Work Phone No:
Email address:	Email address:
Are you a past pupil of St. Felim's? YES / NO	Are you a past pupil of St. Felim's? YES / NO

#### Declaration

I / We wish to apply for admission for my / our child to St. Felim's National School.

I / We have read the school's admission policy (available on [www.thevalens.com](http://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](http://www.thevalens.com))

I / We accept and agree that I/we and my/our child will abide by the policy.

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

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

**Please Note: Where both parents have joint-guardianship – as is the automatic case of married parents, or where an unmarried father has applied for & been granted joint-guardianship or where unmarried fathers/parent satisfy the legal requirements for guardianship under family law, both signatures are required this form. In the case of a single guardian, this signature alone is required.**

#### For Office Use ONLY:

Form Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Form fully completed and signed: YES / NO

Information posted to Aladdin: YES / NO By: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Board of Management Use ONLY:

This application falls under Criteria ☐

This child was offered / not offered a place.

Date of BOM Meeting: \_\_\_\_\_

**School Stamp**