



St. Anne's National School,
Shankill,
Co. Dublin.

Telephone: 2825565

**Please tick the box to indicate that you have read, fully understand and accept our
ADMISSION POLICY and our DATA PROTECTION PRIVACY STATEMENT**

Principal: John Fingleton

www.stannesshankill.com

Email: stannesnsshankill@gmail.com

ADMISSION FORM

Class:	_____	Parent / Guardian:	_____
Entry Year:	_____	Relationship to Child:	_____
Child's PPS No.:	_____	Mobile No.:	_____
Surname:	_____	Work No.:	_____
First Names:	_____	Email:	_____
Full Address:	_____	Parent / Guardian:	_____
	_____	Relationship to Child:	_____
	_____	Mobile No.:	_____
Eircode:	_____	Work No.:	_____
Date of Birth:	_____	Email:	_____
Gender:	_____	Home Phone No.:	_____
Child's Nationality:	_____	Other Contact:	_____
No. of Children in Family:	_____	Emergency No.:	_____
Place in Family:	_____	Doctor's Name:	_____
No. of Siblings attending St. Anne's N.S.:	_____	Doctor's Address:	_____
Name of Siblings:	_____		_____
	_____	Doctor's Phone No.:	_____
	_____		_____
	_____		_____

Has the child had previous education, if so where? E.g. Montessori, Pre-School, Primary School.

Do you give permission for school staff to change your child's clothes if they become soiled or wet? _____

Do you give permission to take your child straight to hospital in case of serious illness or accident? _____

Do you give permission for your child to go on supervised school outings to other venues? _____

Does any legal order under family law exist that the school should know about? _____

Parent's / Guardian's
Signature(s): _____ Date of Application: _____

Medical History

Strictly Confidential

Developmental Milestones

Please list the approximate ages when your child:

Crawled: _____ Walked: _____ Talked: _____

Have you any concerns relating to your child under the following headings:

Eyesight _____
Hearing _____
Language / Speech _____
Behaviour _____
Co-ordination _____

Has your child got any diagnosed medical condition?

We find the following information useful in getting to know your child:

Does your child get on with his/her peers? _____
Does your child relate well to adults? _____

What interests does your child have?

Has your child been referred to any outside agencies resulting in any of the following? If so, we would appreciate it if you could furnish us with the report(s).

Psychological Report _____
Speech and Language Report _____
Occupational Therapy Report _____
Other _____

Please supply any additional information that you think the school needs to know that would benefit your child.
