

Rathbeggan National School
Dunshaughlin, Co. Meath. Tel/Fax:01-8259891
e-mail:rathbeggan.ias@eircom.net
Principal: Kieran Rushe Deputy Principal: Mary Devine

APPLICATION FOR ADMISSION FROM ANOTHER SCHOOL

Pupil's Full Name: _____ M/F _____

P.P.S. No: _____ Pupil's Nationality: _____

Address: _____

_____ Phone No: _____

Date of Birth: _____ Religion: _____

Birth Cert Supplied _____ Baptismal Cert Supplied _____

Father's Name: _____ Mother's Name: _____

Father's Nationality: _____ Mother's Nationality: _____

Occupation: _____ Occupation: _____

Work Address: _____ Work Address: _____

Work Telephone No: _____ Work Telephone No: _____

Mobile No: _____ Mobile No: _____

Text-a-parent Designated Mobile No: _____

Contact in emergency if father or mother is not available, e.g. minder, grandparents:

Name

Contact No.

1. _____

2. _____

Any medical information/condition/allergies school should be aware of? _____

Name and address of family G.P.: _____

_____ **Telephone No:** _____

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

Previous school attended: _____

Address: _____

Teacher's Name: _____ **Class:** _____

Principal's Name: _____ **Telephone No:** _____

Transfer Form Supplied ____ **School Report Supplied** ____

Does your child have any special educational needs? If so, please state.

Has your child received Learning Support or Resource Teaching Support at any time in his/her previous school?

Has your child been previously psychologically assessed? If so, please furnish a copy of the report.

Does your child have any speech or language difficulties? Please furnish therapist's report.

Parent/Guardian's signature: _____ **Date:** _____

For Office Use Only

Date of Admission : _____ **Roll No:** _____

Class Teacher: _____ **Class:** _____

