

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

APPLICATION FOR ADMISSION TO JUNIOR INFANTS SEPTEMBER 200 :

Pupil's Full Name: _____ M/F _____

P.P.S. No: _____ Pupils 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?

Pre-school/play school attended: _____

Address: _____

Name of brothers/sisters at present/previously in Rathbeggan: _____

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

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

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: _____