

*Tús maith, leath na h-oibre*

**St. Joseph's National School,  
Leitrim Village,  
Co Leitrim.  
N41 EC81  
Charity Name: Leitrim Mxd NS**

Tel: (071) 96 21205  
Email: leitrimns@gmail.com  
Website: [www.leitrim-ns.ie](http://www.leitrim-ns.ie)  
Roll No: 01125B  
RCN: 20126490

**Principal: Richella Kelly Deputy Principal: Siobhán Finnegan McElgunn**

**Application Form for Admission**

*Please note that completing and returning this form on time, with all the relevant documentation, does not guarantee a place in this school. Please use **BLOCK CAPITALS**.*

Name of Child: \_\_\_\_\_

Date of Birth of Child: \_\_\_\_\_ Child's PPSN: \_\_\_\_\_

*Please include a copy of your child's Birth Certificate*

Address of Child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

*Please provide proof of address (utility bill within the past 6 months)*

Birth County (Ireland/ if applicable): \_\_\_\_\_

Nationality (Irish, if applicable): \_\_\_\_\_

Religion: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Contact Telephone Numbers (in the event of emergency)

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Other/ Mobile: \_\_\_\_\_

Last school attended and reasons for transfer (if applicable).

\_\_\_\_\_

*Please include a copy of school reports, if applicable.*

**Please indicate below if your child has any medical illness (long or short term) / is on any type of medication/ has a special need (educational/ psychological/ physical) etc. that the school should know about: -**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please read the following twelve points and sign if you accept/ give your consent. The policies referred to below can be found on the school website, [www.leitrim-ns.ie](http://www.leitrim-ns.ie), under the policies tab.***

**1. The *Stay Safe Programme* will be taught in every class in the school. *Please sign that you consent to this:* \_\_\_\_\_**

**2. In accordance with the school policy on **Accidents and the Administration of Medicines** it is vital teachers have permission to apply First Aid to your child. It is school policy, in the interest of Health and Safety, to cover all small cuts with a hypo allergic plaster. *Please sign that you consent to this:* \_\_\_\_\_**

**3. If **medical intervention** is required then a parent/ contact person will be contacted and a doctor/ ambulance phoned. If necessary, your child will be brought to a doctor or hospital. *Please sign that you consent.* \_\_\_\_\_**

#### **4. School Ethos**

St. Joseph's N.S. is a Catholic school. *Please sign below that you accept this ethos, as presented by the Grow in Love programme taught in the school, as directed by the Diocese of Ardagh and Clonmacnois.* \_\_\_\_\_

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#### **5. School Tours/ Outing**

*Please sign below that you give your permission for your child to travel to and from events, which are organised as school related activities. Also accept that your child will be respectful of all school staff that travel with them during such activities*

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#### **6. Healthy Lunch**

*Please sign below that you accept and will adhere to our *Healthy Lunch Policy**

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#### **7. Photographs**

From time to time a class teacher or photographer may take photographs of children or classes in the school, for educational purposes. These photographs may be displayed in the classroom, school building or school website. *Please sign below if you consent to this.*

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#### **8. Tests**

At times the class teacher may enlist the help of the learning support teacher(s) to administer standardised or diagnostic tests. *Please sign below to give your consent to this.*

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#### **9. Forwarding details to HSE for immunisation purposes**

From time to time the HSE may request your child's name, date of birth and address in order to organise immunisations. *Please sign below to give your consent to this.*

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#### **10. Work displayed on school website**

From time to time your child's work may be displayed on the school website. *Please sign below to give your consent to this.*

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#### **11. Birthday Invitations/ Christmas cards etc.**

To avoid upsetting children birthday invitations and Christmas cards are not to be distributed on the school grounds. *Please sign below that you have read and accept this statement.*

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#### **12. School Code of Behaviour**

***Please sign below that you have read and accept the school Code of Behaviour.***

Parent/ Guardian: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_