



Lismullen National School
Garlow Cross, Navan, Co. Meath. C15NH68
Roll Number: 18106P
Telephone 046 9025533
Email: office@lismullenns.ie
Website: www.lismullenns.ie



Principal: Violet Molloy Deputy Principal: Jenny Dempsey

APPLICATION FORM FOR ENROLMENT 20.....

Data Protection: The information collected on this form will be held by Lismullen N.S. in manual and in electronic format. The information will be processed in accordance with the Data Protection Act, 1988, the Data Protection (Amendment) Act, 2003 and GDPR regulation 2018.

The purpose of holding this information is for administration needs and to facilitate the school in meeting the student's educational needs and legal commitments etc. Some of the data will be stored on Aladdin. We are obliged to share some of the information with the Department of Education & Skills, Tusla (Child and Family Agency) and the Health Service Executive.

Please √:	Yes	No
I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.		
I consent to records relating to my child such as reports, psychological reports, assessments and test results passed on to the other school which he/she is enrolled for the future.		
I consent to my child's photo appearing on the school website/facebook page/twitter/local newspaper/local sport clubs social media sites.		
I consent to my child receiving additional teaching support if needed.		
I consent to give my contact details to the Parents Association.		
I consent to my child attending tours/outings.		
I consent to my child's details being made available to the HSE for immunisations, sight and hearing tests, and dental visits.		
I consent to my child's details being made available to the parish office for preparation of the sacraments.		
I give permission for my child to participate in all aspects of the curriculum including the Stay Safe Programme and the Relationship and Sexuality Programme.		
I consent to my child being treated for minor accidents (cuts and grazes).		
I have read and agree to the school policies that are available to download from the school website.		

Signed Parent/Guardian 1: _____

Signed Parent/Guardian 2: _____

Name of child: _____
(as on Birth Certificate):

Name (As Gaeilge): _____

Gender: _____ Date of Birth: _____

PPS No.: _____

Religion: _____ Ethnicity: _____

Address: _____

_____ Eircode: _____

Does your child attend a (please ✓ and name)

Crèche Yes No If yes, please name: _____

Playschool/Montessori Yes No If yes, please name: _____

Other primary school Yes No If yes, please name: _____

Tel No:

What is the pupil's mother tongue spoken at home: _____

HEALTH INFORMATION

Does your child have (please ✓)

Medical difficulties

Hearing difficulties

Vision difficulties

Speech difficulties

Language difficulties

Physical difficulties

Behavioural difficulties

Allergies

Other

If you have answered Yes to any of the health information questions, please explain

Has your child been assessed by a (please ✓) Yes No
Speech Therapist
Occupational Therapist
Psychologist
Other Specialist (if Yes please specify here)
If Yes to any of the above, please attach a copy of report

FAMILY

Place in family:

Please ✓ if your child is:

Adopted

Fostered

Lives with one parent

Has a deceased parent / stepmother/father

Please ✓:

Is there any court order that is in place relating to any aspect of Guardianship, Custody or Access?

If yes, please submit a copy of the court order.

SIBLINGS IN SCHOOL: _____

PARENT 1 / GUARDIAN 1:

Name: _____

Address: _____

Eircode: _____

Email address (please print): _____

Nationality: _____

Mobile Tel. No.: _____

PARENT 2 / GUARDIAN 2:

Name: _____

Address: _____

Eircode: _____

Email address (please print): _____

Nationality: _____

Mobile Tel. No.: _____

EMERGENCY CONTACT 1:

Name:

Mobile Tel. No.: _____

EMERGENCY CONTACT 2:

Name:

Mobile Tel. No.: _____

EMERGENCY CONTACT 3:

Name:

Mobile Tel. No.: _____

- **Returning a completed Application Form for Enrolment does not guarantee a place in the school.**
- **Remember to include a copy of Birth Cert and (Baptismal Cert if it applies).**
- **Admissions Policy available from the office or to download on the school website.**

Date sent out: _____

Date returned: _____