Windfield National School

Windfield, Newbridge, Ballinasloe, Co. Galway, H53 A242.

Tel: 090 6660203

Mobile: 0868399632



Email: info@windfieldns.ie



APPLICATION FOR ADMISSION 2024-2025



Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child.

USE BLOCK CAPITALS PLEASE

1. Name and Surname of child: _____

2.	Surname	in	Irish	(if	known):		3.	Date	of	Birth
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4.	Child's	P.P.S.	No.:	

5.	Name	and	class	of	siblings	already	in	the	school:

6. Number of children in the family: _____ 7. Placing of child (1st, 2nd etc.): ___

8. (a) PARENTS: The following information is needed for registration purposes.

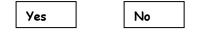
Name:		Name:
Occupation:		Occupation:
Nationality:		Nationality:
9. Home Address:		
Eircode		
10. Home Phone No	o.:	11. Mobile No's: Mother
		Father
Pri	ncipal: Miss Róisín Kelly	Deputy Principal: Ms. Mary Connolly

12.	Email Address	
13.	1 st contact person if parent not available:	Name:
		Phone No
	2 nd contact person if parent not available:	Name:
		Phone No
<u>PLE</u>	ASE ATTACH ORIGINAL BIRTH CERTIFICATE (N	vill be returned)
14.	Religion: Place o	f Baptism (if applicable):
PLE	ASE ATTACH COPY OF BAPTISIMAL CERTIFICA	TE if child was baptised outside the parish.
15.		s school attended:
16.	Phone no. of previous school:	
17.	Name and phone no. of Family Doctor:	
	Has your child ever been referred to a spec yes, please give brief details for referral: _	

19. Has your child any aller	gies? Yes No		
If yes, please give details:			
20. Does your child appear	to have any difficulties with the t	following? Pleas	se Circle
Hearing: YES/NO	Speech:YES/NO	Vis	sion:YES/NO
If you have answered yes to	o any/all of the above please give	details:	
21. Has your child ever had	any type of assessment?	Yes	No
If yes, please give details:			

PLEASE ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS

22. Do you give permission for your child to go on school trips under teacher supervision during the school day e.g., trips to the local village, town park, local historical buildings/places etc.?



23. Sometimes we take pictures of the children at different times during the year e.g., awards/prizes, sporting events, first day at school, outing etc. Do you give permission for your child to be photographed for school projects, local newspapers, school website and school related activities?



Principal: Miss Róisín Kelly

Deputy Principal: Ms. Mary Connolly

24. Sometimes the school is requested to pass on names of children and their addresses to the Health Board for immunisation purposes, to secondary schools when children are transferring to second level, to sporting bodies when children are taking part in games outside the school. Do you allow the school to pass on this information to these bodies?



25. The school teaches Relationships and Sexuality Education (RSE) using the guidelines provided by the Department of Education and Science. If you would like to view the content of the programme used in the school for teaching RSE, you are welcome to do so.

If you have any concerns with regard to RSE please tick this box so that an appointment will be made with the Principal to discuss your concerns.

The information I have given in this form is accurate.

Parent/s signature: _____

IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.

PLEASE DON'T FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS