

Windfield National School

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



Mobile: 0868399632

Email: info@windfieldns.ie



APPLICATION FOR ADMISSION 2026-2027



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: _____

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.: _____

11. Mobile No's: Mother _____

Father _____

Principal: Miss Róisín Kelly Acting Deputy Principal: Ms. Deirdre Cheevers

12. Email Address 1 _____

13. Email Address 2 _____

14. 1st contact person if parent not available: Name: _____

Phone No. _____

2nd contact person if parent not available: Name: _____

Phone No. _____

PLEASE ATTACH ORIGINAL BIRTH CERTIFICATE (will be returned)

15. Religion: _____ Place of Baptism (if applicable): _____

PLEASE ATTACH COPY OF BAPTISMAL CERTIFICATE if child was baptised outside the parish.

16. Name and address of pre-school or previous school attended: _____

17. Phone no. of previous school: _____

18. Name and phone no. of Family Doctor: _____

19. Has your child ever been referred to a specialist by your doctor?

Yes

No

If yes, please give brief details for referral: _____

Principal: Miss Róisín Kelly Acting Deputy Principal: Ms. Deirdre Cheevers

20. Has your child any allergies?

Yes

No

If yes, please give details: _____

21. Does your child appear to have any difficulties with the following? Please Circle

Hearing: YES/NO

Speech: YES/NO

Vision: YES/NO

If you have answered yes to any/all of the above please give details:

22. 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

23. 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.?

Yes

No

24. 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?

Yes

No

Principal: Miss Róisín Kelly Acting Deputy Principal: Ms. Deirdre Cheevers

25. 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?

Yes

No

26. 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.

☐

27. Any other information you would like to share

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

Principal: Miss Róisín Kelly Acting Deputy Principal: Ms. Deirdre Cheevers