

Please complete this form fully, on both sides, using block capital letters.
Please ensure a copy of your daughter's birth cert and or passport is sent with this form.

Personal Details

Child's Name: _____ Date of Birth: _____
 Nationality: _____ Language spoken at home: _____
 If your child was born outside Ireland, what country was she born in? _____
 When did she come to Ireland? _____
 Brother / sister in St Canice's Schools: Yes No
 Place of child in family: _____
 If yes, please place your daughter or son's full name below and state the class level your daughter or son is in and their class teacher. _____

Mother's Details		Father's Details	
Name:		Name:	
Address	_____	Address	_____
	_____		_____
	_____		_____
Eircode:		Eircode:	
Mobile Phone:		Mobile Phone:	
Email:		Email:	

Playschool / Pre-School Details

Has your daughter attended Playschool or Pre-School? Yes No
 Name: _____
 Address: _____ Phone: _____
 How long has your child attended Playschool/Montessori? _____
 If you have been informed of any concerns regarding your daughter, or have had recommendations made regarding her further education, please give details below.

P.T.O
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If the application for your daughter is successful you will receive a letter before the end of November. All information requested on this form will be used only in the manner in which it is intended - to aid the proper and speedy allocation of places in St Canice's GNS.

Medical Details & Needs

Does your child have or do you suspect that your child may have additional / special needs in any of the following areas? If yes, please tick appropriate box / boxes and provide further details. Please include copies of all relevant reports with your application if you have them. If they are pending or assessments are in-process, provide details below. This is in your child's best interest.

None Sight Hearing Speech Kidney
Physical Co-ordination Language Temperament
Sociability Concentration General Alertness Toilet Training Other

Please give details: _____

Has your child any of the following illnesses? If yes, please tick appropriate boxes and give details below.

None Diabetes Asthma Bronchitis Epilepsy
Convulsions Allergies Other

Please give details: _____

Has your child been referred to any agency? (eg. a Speech Therapist, Social Worker, Psychological Services, Eye & Ear, Child Guidance, for an Assessment of Need). If yes, please give details below and include copies of all relevant reports with your application to assist the school in planning for additional and / or support teaching..

Yes No

Please give details: _____

The St. Canice's GNS Admission Policy for applicants seeking to commence in the school year 2024 - 2025 can be viewed / downloaded from www.stcanicesgns.ie

Please tick to confirm acceptance of the Admission Policy:

Signed: _____ Name in Print: _____
Date: _____

Office Use Only

Date and Time Received:	Received by:	Birth Cert Attached	
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