

Personal Details

Child's Name: _____ Date of Birth: _____

Nationality: _____ First Language: _____

Child's PPS Number: _____

If your child was born outside Ireland, when did she come to this country? _____

Brother/Sister in St Canice's Schools: Yes No

If yes, please name and state class level: _____

<u>Mother's Details</u>	<u>Father's Details</u>
Name:	Name:
Address:	Address:
Eircode:	Eircode:
Phone:	Phone:
Email:	Email:

Mum / Dad past pupils of St. Canice's Schools Yes No

Previous Primary School Details

Has your daughter attended a primary school in Ireland? Yes No

Has your daughter attended a primary school outside Ireland? Yes No

Has your daughter had language support before? Yes No

If yes, for how long? _____

Has your daughter ever attended Learning Support? Yes No

If yes, please give details _____

Has your child attended a Resource Teacher? Yes No

If yes, please ensure the school receives a copy of your daughter's Assessment

Name and Address of primary school attended: _____

P.T.O 

For Office Use Only

Reports Supplied (Details):	
Birth Cert Supplied	

Medical Details & Special Needs

Does your child have any medical conditions? Yes No

If yes please give details: _____

Has your child been assessed for behavioural / learning / speech problems?

Yes No

If yes, please give details and supply necessary reports:

Does your child have any diagnosed Special Needs? Yes No

If Yes please give brief details. _____

Additional Details

Do you have any concerns about your child that may affect her in her school life?

Is there any history of learning difficulties in the family? Yes No

If yes, please give details: _____

Class Application (Please Circle)

Senior Infants

First Class

Second Class

Third Class

Fourth Class

Fifth Class

Sixth Class

Do you agree to abide by the terms of our Code of Behaviour and School Policies? Yes No

Signed: _____ Date: _____

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Birth Cert Supplied	