



SOLAS CHRÍOST NATIONAL SCHOOL

APPLICATION FORM

Date you wish your child to start:

Class level you wish your child to start at:

Child's First Name:

Child's Surname:

Male

Date of Birth:

Female

Address:

Child's Mother Tongue(s):

Language(s) spoken at home

Child's Nationality:

Child's Other Language(s):

Child's Religion:

	First Name	Surname	Mobile	Work Phone
Mother:				
Father:				

Name(s) of Brothers/Sisters already in Solas Chríost NS:

Name of Previous School or Preschool:

Does your child have any Allergies / Medical / Health Issues? Yes No

If Yes please state:

*(As appropriate, please make sure that the school has up to date information of the necessary medical requirements for your child **from a medical practitioner**. e.g. A letter from your G.P. with the diagnosis, medical requirements and the necessary actions to be followed for your child).*

Has your child been Educationally/Psychologically/Clinically Assessed? Yes No

If yes please specify:

(Please provide the school with copies of relevant reports etc.).

Any Other Relevant Information:

Parent's Signature: _____ Date of Application : _____

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

Entered onto
the School's
Database
(tick)