Glanduff National School
Glanduff
Kiltoom
Athlone
Co. Roscommon

Scoil Náisiúnta an Gleann Duibh
An Gleann Dubh
Cill Tuama
Átha Luain
Co. Ros Comáin

T: (090) 648 9317 **E: glanduffnsroscommon@gmail.com** **R: 18626S**

Admission of New Pupils Application Form Academic Year 2026/2027

Please complete this form and return to the school, for the principal's attention on/before March 6th, 2026. Please include a copy of the child's **Birth Certificate** and a **Utility Bill** dated within the last 2 months, showing your home address. All information requested is for the benefit of your child's welfare and is stored in strict confidence. Final enrolment depends on children's details being uploaded to **POD**, the online database of the Department of Education and Skills. If you would like your child to receive the sacraments, please attach a copy of your child's Baptismal Cert if your child was baptised outside the parish. Please note, **this is not a condition of enrolment.**

Registration No: (office use only)

Family Name _____ **Irish Name (if known)** _____

First Name **PPS Number**

Date of Birth _____ **Sex** _____ **Nationality** _____

Address _____ **Doctor** _____

_____ **Doctor's Telephone** _____

_____ _____

_____ **Playschool/Pre-school/Previous School** _____

_____ _____

_____ _____

Eircode _____ **Home Telephone** _____

Religion _____ **Place of Baptism (if applicable)** _____

Mother **Father**

Name _____ Name _____

Maiden Name _____ Occupation _____

Occupation _____ _____

Mobile _____ Mobile _____

Email _____ Email _____

Mobile number to be used for texting parents: _____

Contact person's name and number, should both parents be uncontactable: _____

Arrangements, should the child become ill while at school: _____

A	Do you give permission for your child to be taken to hospital in case of serious accident or illness? This is in the unlikely event of not being able to contact parents for instructions/while awaiting parent's arrival.	Yes		No	

B	Does any legal order exist under Family Law that affects the child/children, which the school should be made aware of? If so, please give detail: _____	Yes		No	
C	Are you in agreement to the school giving your name and mobile number to the Parents' Association so that you are kept up to date on current activities?	Yes		No	
D	Are you in agreement with your name being included on the list of parents' names which the Board of Management distribute occasionally?	Yes		No	
E	Do you give permission for your child to go on school tours, outings, and field trips? (This does not override your parental right to withdraw your child from any outing. A note of their withdrawal must be submitted to the school principal)	Yes		No	
F	Is/are there any other person(s) who should receive school correspondence with reference to this child (e.g. parent/teacher meetings, school reports etc.)? If so, please give details: _____	Yes		No	
G	Do you give permission to give your child's name & date of birth to the management of the swimming pool where the pupils attend lessons?	Yes		No	
H	Do you give permission to give your child's name & class to the management of The Lunch Bag who provide school lunches?	Yes		No	
I	Is your child allergic to anything in a typical First Aid Kit? If so, please give details: _____	Yes		No	
J	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. Do you give permission for your child to participate in Relationship and Sexuality Education lessons and the Stay Safe programme?	Yes		No	
K	Sometimes journalists visit our school to take pictures of the children e.g. awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, local newspapers, and school related activities?	Yes		No	

L Occasionally, the school uses images and footage of pupils to exhibit the school's activities – in displays, on the school website/Instagram, newspapers etc.

* If you are happy for your child to be included in these images and footage please tick **Yes**.
* If you wish for your child to be excluded, please tick **No** and insert details of media that you wish to exclude him/her from.

Yes ☐ No ☐ Media: _____

Additional Information

1. Please list any health problems (e.g. allergies, epilepsy, asthma) that your child may have:

_____

2. Please list any problems your child may have (e.g. toilet training, inability to cope with buttons, laces, etc.,) especially problems for which special provisions may need to be made in consultation with parents:

_____

_____

3. Please include any learning difficulties (sight, hearing, speech, etc.) your child may have:

_____

4. Has your child ever had any of the following types of assessment? (psychological, psychiatric, occupational therapy, speech and language, behavioural)

Yes ☐ No ☐

If 'Yes' to any of the above, please give details hereunder and supply copies of reports which will be held/treated confidentially:

_____

_____

Data

The school is required to pass on names of children and their addresses to the HSE for immunisation purposes, to schools when children are transferring to another school and to sporting bodies when children are taking part in games outside the school. Information Data is also stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills

Aladdin

The school uses Aladdin (an Irish administration software company) for managing school data securely. Aladdin has superior data security with extended SSL encryption meaning that all data is fully protected.

Declaration

In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies. I am aware that all school policies including policies on behaviour, anti-bullying, attendance, child safeguarding, special educational needs etc. are available on request. I agree to support the staff in their efforts to provide a positive learning experience for all children in the school.

Signed: _____ *Date:* _____ _____ *Date:* _____

Enrolment forms must be returned by March 6th 2026

For office use only.

Received by: Date:

Documents received (In) and returned: (Out)

Utility Bill:	In
	Out

Birth Cert:	In
	Out

Baptismal Cert: (if applicable)	In
	Out