

## Students with Special Education Needs

1. Has the student ever had a Psychological Assessment? Yes  No
2. Date of Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Name & Address of Psychologist \_\_\_\_\_
4. Did the student have a Special Needs Assistant (SNA) **in the previous school**? Yes  No
5. Did the student receive **resource/ learning support**? Yes  No
6. If yes, how many hours per week? \_\_\_\_\_

## Exceptionally Able Students (IQ greater than 130)

1. At what age was your child identified as being exceptionally able? \_\_\_\_\_
2. What standardised test was used to identify this talent? (ie psychological assessment, SAT tests, IQ test)  
\_\_\_\_\_
3. Is he/she attending accelerated learning courses outside of school? Yes/ No
4. If Yes please give details.  
\_\_\_\_\_
5. Is the student a member of the 'Centre for Talented Youth in Ireland (CTYI)'? Yes  No
6. Is the student a member of the 'Irish Association for Gifted Children (IAGC)'? Yes  No

## Health:

Please outline any health related issues and/or medication of which the school needs to be aware:

---

---

---

---

*Note: The school must be notified immediately if (a) there is a change of address (b) there is a change of telephone numbers, (c) any relevant health issues not listed above arise.*

### Declaration

I declare all the above information to be true and give my consent for any of the named professional personnel/ organisations on this form to be contacted.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only

TS : Yes  No

# GAELOHÓLÁISTE AN CHLÁIR



Passport  
Photo

NAME: \_\_\_\_\_

## FIRST YEAR SCHOOL ENROLMENT FORM 2017 / 2018

**INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION**

Please complete in CAPITAL LETTERS, using blue/black pen.

PLEASE ENSURE YOU HAVE ENCLOSED THE FOLLOWING:

- Complete Application Form
- Original Birth Certificate *(copy will be taken and original will be returned)*
- 1** Passport Photo *(name on back)*
- Academic Report from Primary School(s) *(upon acceptance)*
- NB: Official Irish Exemption Certificate *(if applicable)*
- Copy of Psychological Assessments *(if applicable, upon acceptance)*
- Photocopy of Medical Card *(if applicable)*

### Student Details:

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_  
 Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Male**  **Female**

PPS Number: \_\_\_\_\_

New Entrant to Ireland: **Y**  **N**

Date of Entry to Ireland (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Card Number (if applicable): \_\_\_\_\_

If you cannot locate number, please contact your local Social Welfare Office (Ennis: 065-6829899)

### Family Details:

#### **Father** **Guardian** (please tick)

Surname	Forename	Home Telephone	Work Telephone	Mobile Telephone

Father/Guardian Postal Address	Father/Guardian Occupation

Email address \_\_\_\_\_

#### **Mother** **Guardian** (please tick)

Surname	Forename	Home Telephone	Work Telephone	Mobile Telephone

Mother's surname before marriage

Mother/Guardian Address	Mother/Guardian Occupation

Email address \_\_\_\_\_

### Siblings

Number of children in the family: \_\_\_\_\_

List each child's age and school they are currently attending (where applicable)

Age	School	Age	School

### Forwarding Name(s) and Address(es) for Official School Correspondance:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*In the case where parents have seperate addresses, please indicate here who should receive correspondance: Both* \_\_\_\_ *Father only* \_\_\_\_ *Mother only* \_\_\_\_

### Student's Previous Schooling:

List *any* previous schools attended, address of school and years in attendance (In Ireland or abroad)

School: \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

School: \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

School: \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

### Irish or Foreign Language Exemption Certificate:

1. Does your son/daughter have an exemption from Irish or foreign languages from the Department of Education and Skills?

**Yes**  **No**

2. If Yes, please enclose a copy of the Irish Exemption Certificate.

*Note: Students who do not have an official exemption from Irish from the Department of Education & Skills must study Irish.*

### If Irish or English is NOT the Student's First Language

State student's first, second & third languages;

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_

How many years has he/she been studying Irish? \_\_\_\_ English? \_\_\_\_

#### Student's Level of Irish:

**Beginner**  **Beginner- Intermediate**  **Intermediate**  **Intermediate- Advanced**  **Advanced**

#### Parents'/ Guardians' Level of Irish:

**Beginner**  **Beginner- Intermediate**  **Intermediate**  **Intermediate- Advanced**  **Advanced**