

Kerry Education and Training Board
Two Mile Community National School



BORD OIDEACHAIS
 AGUS OILIÚNA CHIARRAÍ
 KERRY EDUCATION
 AND TRAINING BOARD

Office Use Only:
Date received: _____
Time Received: _____
Received by: _____

Killarney
 Co. Kerry
Tel: 064 6633018 / 086 4183558
Email: info@twomilecns.ie
Roll no: 17365L



Two Mile CNS Acceptance Form 2018-2019

This is an acceptance form for admission to Two Mile Community National School. By completing this form you are accepting a place for your child for enrolment in the above named school

Please ensure you return the following to the school to ensure acceptance of your place:

- | | |
|---|---|
| Acceptance form <input type="checkbox"/> | €50 book fee/materials <input type="checkbox"/> |
| Policy Acceptance Form <input type="checkbox"/> | POD Information Consent Form <input type="checkbox"/> |
| Permission Form <input type="checkbox"/> | |

Return to:
 Two Mile CNS
 Killarney
 Co.Kerry

Please complete form in BLOCK CAPITALS

1. Pupil Details

Year for admission	2017-2018	Class to be entered into	
PUPIL'S SURNAME			
PUPIL'S FIRST NAME			MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH (dd/mm/yyyy)			
ADDRESS (primary residence)			

NAME & ADDRESS OF PRE-SCHOOL	
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2. Other Details

RELIGION/BELIEF (<i>see note 1</i>)	
NATIONALITY OF CHILD (<i>see note 2</i>)	

3. Family Details

Parent/Guardian 1

FIRST NAME		HOME NO*	
SURNAME		MOBILE NO*	
NATIONALITY (<i>see note 2</i>)		WORK NO*	
RELATIONSHIP TO CHILD			
EMAIL			

Parent/Guardian 2

FIRST NAME		HOME NO*	
SURNAME		MOBILE NO*	
NATIONALITY (<i>see note 2</i>)		WORK NO*	
RELATIONSHIP TO CHILD			
EMAIL			

***If you change your phone number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Brothers/Sisters

NAME	M/F	AGE	SCHOOL
1.			
2.			
3.			
4.			

Please tick as appropriate	Yes	No	If yes, please provide details:
Does any Legal Order under Family Law exist that the school should know about and have a copy of?			

Are there any other special family circumstances which you feel the school should be made aware of? E.g. parental separation, death of a family member, parent living abroad, etc.(See Note 3)			
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4. Medical/Other Needs

Please tick as appropriate	Yes	No	If yes, please provide details:
Does your child have any allergies?			
Does your child suffer from any medical condition that we should know about? For example, asthma, diabetes, epilepsy, etc.			
Is your child on long term medication?			
Does your child suffer from any medical condition that may necessitate the administration of emergency medicine/treatment on the school premises?			
Has your child ever been referred to any outside agency? (i.e. Psychologist, Speech & Language Therapist, Occupational Therapist, Social Worker, etc.) If so, please provide copies of these reports to the school(See Note 4)			
Does your child have any feeding, toileting or mobility needs? (See Note 4)			
Does your child have any identified social or emotional difficulties? (See Note 4)			

5. Alternative Emergency Contact Details (if the school is unable to make contact with parents)

FULL NAME	RELATION TO CHILD	LANDLINE NO.	MOBILE NO.

6. The school uses a text service from time to time to inform parents of sudden closures, special events, etc. To reduce cost this is usually only sent to one phone number per family. Please state the number you wish to receive text communication through:

Mobile Number:										
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7. Additional Information

WHAT LANGUAGES ARE SPOKEN AT HOME? (<i>see note 2</i>)	
WHICH LANGUAGE IS YOUR CHILD MOST FLUENT IN? (<i>see note 2</i>)	

LOCAL BELIEF/RELIGIOUS LEADER (<i>see note 1</i>)	NAME	
	ADDRESS	
	PHONE NO.	
SPECIAL BELIEF/ RELIGIOUS FESTIVALS CELEBRATED BY YOUR FAMILY (<i>see note 1</i>)		

I declare the above information to be correct and understand that it will be treated as confidential. I understand that it is my responsibility to inform the school of any change in address, telephone numbers or other circumstances.

Signature : _____ Date: _____
(Parent/Guardian 1)

Signature: _____ Date: _____
(Parent/Guardian 2)

Note 1: This information is requested to assist the school in developing its multi-denominational ethos. Religious/ belief leaders may be welcomed to the school on special occasions. Celebrations listed will be considered as part of our school calendar and class lessons.

Note 2: The Department of Education and Skills requires this information to assess the school’s qualification for language support.

Note 3: This information is requested to ensure that the school is sensitive to your child’s family circumstances. This information will only be shared with staff members working directly with your child.

Note 4: This information is requested in order to assist Two Mile CNS in making any necessary applications for additional teaching support and/or resource for your child.

- The information in Part 1 of this form may be shared with other local primary schools and the purpose of this is to prevent double enrolling.
- All of the information you provide in this form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application may be rendered invalid.
- If you wish to discuss any of the content of this form, please contact Two Mile CNS at the details listed on the first page.