



Whitehall Road,
Churchtown, Dublin 14

Scoil Náisiúnta An Dea Aoire



01-298 94 75

01-296 02 67

The Good Shepherd National School

Application Form

Year starting: _____ Class: _____

**Completed forms to be returned to the school office
(together with copy Birth Certificate)**

SECTION A: PERSONAL INFORMATION

Child's First Name: _____ Gender: _____

Surname: _____ Date of Birth: _____

Home Address: _____

PPS. No: _____ Nationality: _____

Home Phone No: _____ Religion: _____

Mother's Name: _____ Work No: _____

Occupation: _____ Mobile: _____

Email address: _____

Father's Name: _____ Work No: _____

Occupation: _____ Mobile: _____

Email address: _____

 www.goodshepherd.ie

 school@goodshepherd.ie

Principal: Orlaith Veale

 principal@goodshepherd.ie

Roll No: 19939V



SECTION B: FOR ENTRY TO CLASSES OTHER THAN JUNIOR INFANTS

Please furnish this school with all relevant school reports **BEFORE** your child enrolls here:

Name of previous school: _____

Address: _____

Class in previous school: _____

Learning Support/Resource? _____ SNA? _____

SECTION C: SCHOOL INFORMATION

Number of children in family: _____ Position of child: _____

If you have other children attending this school, please state:

Name : _____ Class _____:

Is The Good Shepherd N.S. your first choice of school for your child?

Yes No

SECTION D: LEARNING NEEDS

1. Does your child have any special educational needs: Yes No

2. Has your child ever been referred to or attended the following agencies/services? – Please mark **X** in the box if **Yes**.

- | | | | |
|------------------------|--------------------------|------------------|--------------------------|
| Assessment of need | <input type="checkbox"/> | Speech therapist | <input type="checkbox"/> |
| Occupational therapist | <input type="checkbox"/> | Psychologist | <input type="checkbox"/> |
| Lucena Clinic | <input type="checkbox"/> | Psychiatrist | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

Please outline briefly the reasons for referral/attendance and if applicable the treatment/therapy your child received : _____

If you have answered 'Yes' to Question 1 in Section D, please make an appointment to see the school Principal **before** your child enrolls to discuss your child's needs and how best we can meet them within available resources.

I confirm that all details given above are correct.

Parent/Guardian **All information given will be treated confidentially**