



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](http://www.goodshepherd.ie)

 [school@goodshepherd.ie](mailto:school@goodshepherd.ie)

**Principal:** Orlaith Veale

 [principal@goodshepherd.ie](mailto:principal@goodshepherd.ie)

Roll No: 19939V



SCHOOL/PLAYSCHOOL INFORMATION: Has your child attended a school/playschool? YES  NO  If 'Yes' please give name of school & address:

---

### SECTION B: 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**