



Goggins Hill National School
Scoil Cnoc Gogáin

Roll No. 12263B

Ballinhassig, Co.Cork.
Telephone/Fax: 021-4885241
E-mail: info@gogginshillschool.com

Application to Enrol Form
20 _____

Child's Details	For Office Use Only	
Child's Name _____ Date of Birth _____	Year	_____
Religion _____ Nationality _____	Forms Attached	_____
Address _____	Birth Cert.	_____
_____	Baptismal Cert	_____
Child's PPS Number _____	Date Received	_____

Mother's Details	Father's Details
Name _____	Name _____
Address _____	Address _____
Occupation _____	Occupation _____
Place of Work _____	Place of Work _____
Work Tel. No. _____	Work Tel. No. _____
Home Tel. No. _____	Home Tel. No. _____
Mobile Tel. No _____	Mobile Tel. No _____

In the interest of your child, are there any particular family circumstances which the office would need to be made aware of?
Yes No If yes, please inform Principal. *Please note all information will be treated in the strictest confidence.*

Number of Children in Family?

Placing of your child? i.e. 1st, 2nd, 3rd

Does your child have siblings in the school? Yes No

If yes, please give details of names and classes.

Name _____	Class _____
Name _____	Class _____
Name _____	Class _____

Text-a-Parent/Email
Text-a-Parent and email facilities are used in Goggins Hill School to inform parents of events in the school and urgent matters that need to be brought to the attention of parents/guardians.
Text-a-Parent Mobile Number: _____
Email Address: _____

Childminder's Details	Doctor's Details
Childminder's Name _____	Doctor's Name _____
Tel. No. _____	Address _____
_____	_____
_____	Tel. No. _____

Should we be unable to contact you, please supply the names of two people, one of whom we could contact in an emergency.

1. Name _____ Relationship to child _____ Tel. No. _____

2. Name _____ Relationship to child _____ Tel. No. _____

In the event that we are unable to contact you or your emergency contact nominees, do we have permission to seek professional medical advice? (i.e. a GP or hospital) Yes No

Educational Record

Has your child attended pre-school? Yes No

Name of School _____

Has your child attended any other primary school – within /outside the Irish state ? Yes No

Name and address of school _____

Medical History

Is your child on any long term medication? Yes No

If yes, please give details. _____

Has your child any known allergies? Yes No

If yes, please give details. _____

Please note, if your child suffers from any allergy which requires the administration of medication in school please complete the Administration of Medicine form on enrolment.

Does your child have any other condition/illness/special needs which you feel could affect your child during the school day and should be brought to the attention of the class teacher? Yes
No

If yes please give details _____

Is your child is receiving support from a health professional? (e.g. Speech and Language Therapist, Occupational Therapist etc.) Yes No

If yes, please give details and attach copies of relevant reports.

N.B. All relevant reports must be submitted at this stage in order to apply for any addition service your child may be entitled to e.g. SNA Support, Resource Hours etc.

Travel Arrangements

Do You require a School Transport Form? Yes
No

The information I have given on this form is accurate.

Signed: Mother _____

Father _____

Date _____

Date _____

If any of the details on this form change, for example if you move house, change your telephone number etc. please inform the school at your earliest opportunity.

Application forms should be returned to Goggins Hill School at your earliest convenience.

Thank you for filling out this application form. If you have any questions or queries please do not hesitate to contact me on the school phone 021-4885241

Edward McCarthy

Principal