



Application for Admission to Kilcullen School

Office: 045 481428
e-mail: info@kilcullenns.org
website: www.kilcullenns.org

Year of Enrolment: _____ Class: _____

Name of Child: _____ Date of Birth: _____

Address: _____

Eircode: _____

Gender M/F: _____ P.P.S. No: _____

Nationality: _____ Religion: _____

Place & Date of Baptism: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Home Phone No: _____

Mother's Mobile: _____ Father's Mobile: _____

Mother's Email: _____ Father's Email: _____

Name of any brothers or sisters in the school: _____

Name of playschool or previous school, if any:

Class for which you are now applying: _____

Has your child been diagnosed as having Special Education Needs: Yes _____ No _____

If yes, please give a brief account of his/her needs: _____

Report included? Yes _____ No _____

In the event of your child having a minor accident, do you give permission for a teacher or school worker to change his/her clothes and/or administer basic first aid including applying a plaster?

Yes _____ No _____

Do you give permission for your child to be brought to a doctor/hospital in case of emergency?

Yes _____ No _____

Please give the names & numbers of 2 other people to contact in case of emergency or illness

Name: _____ No: _____

Name: _____ No: _____

Does your child have any medical history we should be aware of (i.e. allergies, asthma, epilepsy, etc.)

Yes _____ No _____ if yes, please specify.

I/We declare that the particulars given above are true and correct.

Signed: _____ Date: _____

Parent/Guardian