

# Gowran National School Application Form 20\_\_\_\_



**Note:** Completion of this form does not guarantee your child a place in this school.

Student's name in full: \_\_\_\_\_ (known as \_\_\_\_\_)

Students address: \_\_\_\_\_ Male:  Female:

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_ Students P.P.S. No.\* \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mob: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mob: \_\_\_\_\_ Email: \_\_\_\_\_

Does your child have a sibling? Yes  No  Name & class: \_\_\_\_\_

Pre-school attended: \_\_\_\_\_ For how long: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Please give details of any health conditions (eg: asthma, eyesight, hearing) or emotional problems which may affect your child at school: \_\_\_\_\_

Is the student taking medication: \_\_\_\_\_ If yes, please give details: \_\_\_\_\_

Does the student suffer from any allergies? \_\_\_\_\_ If yes give details: \_\_\_\_\_

Has your child ever had a psychological assessment? \_\_\_\_\_

Has your child ever received a speech & language report? \_\_\_\_\_

Does the student have any special educational needs? \_\_\_\_\_ If yes, Please give details: \_\_\_\_\_

Please supply any other relevant information to the school Principal.

Parents' / Guardians: \_\_\_\_\_ Date: \_\_\_\_\_

**\* PPS numbers are obligatory for the Dept of Education. Your child will not be officially enrolled without it.**