



# MOATE COMMUNITY SCHOOL

Church Street, Moate, Co. Westmeath

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## APPLICATION FORM 2021/2022

### STUDENT DETAILS

FIRST NAME:	MIDDLE NAME:	SURNAME:
DATE OF BIRTH:	COUNTRY OF BIRTH:	NATIONALITY:
PROPOSED YEAR OF ENTRY: 20_____		MALE [ ] FEMALE [ ]
1st [ ] 2nd [ ] 3rd [ ] TY [ ] 5th [ ] 6th [ ]		
ENROLLMENT TO THE UISNEACH CENTRE (ASD CLASS) YES [ ] NO [ ]		
<b>IF YES, PLEASE COMPLETE THE ADDITIONAL UISNEACH CENTRE FORM WHICH IS AVAILABLE ON REQUEST</b>		
STUDENT'S PPS NUMBER: <b>(DO NOT LEAVE BLANK)</b>	MEDICAL CARD NUMBER: YES [ ] NO [ ] <b>IF YES, STATE CARD NUMBER</b>	
USING SCHOOL TRANSPORT: YES [ ] NO [ ]	GOING HOME FOR LUNCH: YES [ ] NO [ ]	
PRIMARY SCHOOL ATTENDED:		
SECONDARY SCHOOL ATTENDED: (IF TRANSFERRING)		
STATE EXAMINATIONS TAKEN (IF ANY): <b>PLEASE ATTACH COPY OF RESULTS</b> YEAR:		
HOME ADDRESS:		

FATHER'S DETAILS		MOTHER'S DETAILS	
NAME:		NAME:	
		MOTHER'S MAIDEN NAME:	
OCCUPATION:		OCCUPATION:	
HOME PHONE:		HOME PHONE:	
WORK PHONE:		WORK PHONE:	
MOBILE PHONE:		MOBILE PHONE:	
EMAIL ADDRESS:		EMAIL ADDRESS:	
IF EITHER PARENT RESIDES AT AN ADDRESS OTHER THAN ABOVE, PLEASE SPECIFY:			
MOBILE NUMBER FOR SMS (TEXT) MESSAGES: <b>ONE NUMBER ONLY</b>			
TO WHOM SHOULD ALL SCHOOL CORRESPONDENCE BE SENT?			
<b>ADDITIONAL EMERGENCY NAME AND CONTACT NUMBER</b>			
NAME:			
PHONE NUMBER:			
RELATIONSHIP TO CHILD:			
IF THERE ARE ANY ORDERS OR OTHER ARRANGEMENTS IN PLACE GOVERNING ACCESS TO, OR CUSTODY OF THE CHILD, PLEASE PROVIDE DETAILS:			
DOES THE STUDENT HAVE ANY BROTHERS OR SISTERS IN THIS SCHOOL? YES [ ] NO [ ] <b>IF YES PLEASE INDICATE NAMES AND THE YEAR THEY ARE CURRENTLY IN:</b>			
NAMES OF SIBLING(S) WHO PREVIOUSLY ATTENDED THIS SCHOOL:			

## EDUCATIONAL DETAILS:

### REQUIRED FOR THE ASSESSMENT OF INDIVIDUAL EDUCATIONAL NEEDS

**TO ENSURE THE CONTINUATION OF ADDITIONAL RESOURCE TEACHING HOURS AND/OR ADDITIONAL SNA SUPPORT, IT IS ESSENTIAL TO COMPLETE THIS SECTION AND TO ATTACH ALL RELEVANT REPORTS.**

**THIS INFORMATION SHOULD BE AVAILABLE FROM YOUR CHILD'S PRIMARY SCHOOL**

<b>HAS THE STUDENT A PSYCHOLOGICAL ASSESSMENT?</b>	YES [ ] NO [ ]
<b>IF YES, PLEASE ATTACH REPORT</b>	
<b>DOES THE STUDENT RECEIVE ANY OTHER SUPPORT?</b>	
SPEECH & LANGUAGE	YES [ ] NO [ ]
OCCUPATIONAL THERAPY	YES [ ] NO [ ]
PHYSIOTHERAPY	YES [ ] NO [ ]
CAMHS	YES [ ] NO [ ]
<b>PLEASE ATTACH ALL PROFESSIONAL REPORTS</b>	
<b>HAS THE STUDENT ANY HEARING DIFFICULTIES?</b>	YES [ ] NO [ ]
<b>IF YES, PLEASE ATTACH REPORT</b>	
<b>HAS THE STUDENT A VISUAL IMPAIRMENT?</b>	YES [ ] NO [ ]
<b>IF YES, PLEASE ATTACH REPORT</b>	
<b>HAS THE STUDENT BEEN GRANTED RESOURCE TEACHING HOURS BY THE NCSE?</b>	YES [ ] NO [ ]
<b>HAS THE STUDENT BEEN GRANTED SPECIAL NEEDS ASSISTANT HOURS BY THE NCSE?</b>	YES [ ] NO [ ]
<b>HAS THE STUDENT AN IRISH EXEMPTION?</b>	YES [ ] NO [ ]
<b>IF YES, PLEASE ATTACH A COPY OF THE EXEMPTION CERTIFICATE</b>	

*Moate Community School shall endeavour at all times to comply with the Data Protection Acts 1988, the Data Protection (Amendment) Act 2003 & General Data Protection Regulation (GDPR), which came into force on 25<sup>th</sup> May 2018*

*Procedures outlined in the Schools Data Protection Policy which can be viewed on [moatecs.com](http://moatecs.com)*

We Grant permission to Moate Community School:

To photograph our son/daughter, either alone or together with others and to use the image in school publications, on the school website and/or for promotional purposes in local newspapers. Permission is granted subject to an undertaking that the privacy or integrity of our son/daughter's image will be respected at all times.

<b>SIGNED:</b> _____ <b>PARENT/GUARDIAN</b>	<b>DATE:</b> _____
<b>SCHOOL USE ONLY:</b>  <b>ENROLLED BY:</b> _____	





# MOATE COMMUNITY SCHOOL

## MEDICAL DETAILS



STUDENT NAME:	DATE OF BIRTH:
MOTHER'S CONTACT NUMBER:	FATHER'S CONTACT NUMBER:
DOCTOR'S NAME:	DOCTOR'S TELEPHONE NUMBER:
PLEASE STATE GENERAL HEALTH:	

HAS YOUR CHILD NOW OR PREVIOUSLY HAD?	
HEART PROBLEMS	YES [ ] NO [ ]
RECENT SURGERY	YES [ ] NO [ ]
BREATHING OR LUNG PROBLEMS	YES [ ] NO [ ]
DIABETES	YES [ ] NO [ ]
EPILEPSY	YES [ ] NO [ ]
ASTHMA	YES [ ] NO [ ]
DIFFICULTY WITH PHYSICAL ACTIVITY	YES [ ] NO [ ]
ANY CURRENT INJURIES	YES [ ] NO [ ]
HEARING DIFFICULTIES	YES [ ] NO [ ]
PROBLEMS WITH HIS/HER EYESIGHT	YES [ ] NO [ ]

HAS YOUR CHILD ANY OTHER DISABILITY? YES [ ] NO [ ]	<b>IF YES, PLEASE SPECIFY</b>
HAS YOUR CHILD ANY ILLNESS OR ALLERGIES OF ANY KIND THAT THE SCHOOL MAY NEED TO BE AWARE OF? YES [ ] NO [ ]	<b>IF YES, PLEASE GIVE DETAILS</b>
IS YOUR CHILD CURRENTLY ON ANY MEDICATION? YES [ ] NO [ ]	<b>IF YES PLEASE GIVE DETAILS</b>
IS THERE ANY SPECIAL MEDICAL INFORMATION RELATING TO YOUR CHILD THAT THE SCHOOL SHOULD BE AWARE OF? YES [ ] NO [ ]	<b>IF YES PLEASE GIVE DETAILS</b>
IN THE EVENT OF ACCIDENT OR EMERGENCY, HAS THE SCHOOL YOUR PERMISSION TO SEEK MEDICAL ASSISTANCE FOR YOUR CHILD?	YES [ ] NO [ ]
SIGNED: _____ PARENT/GUARDIAN	DATE: _____