



Mol an Óige Steiner National School

SCHOOL APPLICATION FORM

Roll No: 20313J

Child's Name: _____

Date of Birth: _____ Gender: Male: Female:

Child's Nationality: _____ Child's PPS No: _____

Parents'/Guardians' Name(s): _____

Current Address: _____

Telephone (Home): _____ Mobile: _____

Email: _____

Emergency Contact No: _____

If there are changes to the above information it is your responsibility to notify us of the change to your address / contact telephone numbers.

Sisters (dates of birth): _____

Brothers (dates of birth): _____

Child's previous schooling / playgroup / crèche. How was his / her experience?

Has she/he had any vaccinations? _____

Does your child have any disabilities? _____

Has she/he had any serious accidents? _____

Has she/he had or does have any serious illnesses (e.g. asthma, convulsions) if so, please give

details: _____

Which normal childhood illnesses has she/he had? (e.g. Measles): _____

Does your child have any regular medication or treatment? _____

Family Doctor's Name: _____ Tel No: _____

Does she/he have food or medicine allergies? _____

Does your child have a psychological or medical assessment report which recommends provision of an additional teaching resource?

Does your child have any special needs (e.g. dyslexia etc)? Is she/he in need of remedial teaching? Please give details: _____

Is there any further information you feel is relevant: _____

Signed: _____ Date: _____

New parents must meet with their child's prospective teacher and Principal before sending their child/ children to school.

Please return to: Mol an Óige Steiner National School
Ennistymon
Co Clare
Tel No: 065 7072814

Website: www.steinermolanoigens.org

For School use:

Received: _____ Signed: _____ Date: _____

Starting Date: _____

FIRST AID BOX

In order to update our policies and procedures, we would like your permission to use the following items which are in our First Aid box:

Arnica Lotion, Arnica Tablets, Arnica cooling gel, Arnica Ointment, Calendula Lotion, Calendula Cream, Antiseptic Wipes (Savlon), bandage/ plasters/silk tape.

I Parent/Guardian of _____ give my consent to use the above items when necessary.

Signed: _____ Date: _____



We need to know who is allowed to take your child home from school on a regular basis.

_____ **is/is not** (*delete as applicable*) allowed to leave the school on his/her own.

He/she is usually collected by:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Some Parents are happy for their children to leave school at 3.00pm without adult supervision i.e., children in older classes. Please sign here if you are happy for your child to do so.

Signed: _____ Date: _____

If someone else is collecting your child from school please let their teacher know by writing a note. Please ask the person who is collecting them to "sign them out" on the book provided (it's inside the door of Office/Resource Room).

If you should be unavoidably delayed in the afternoon your child will be left with the After School program so that they will be supervised until you arrive. Please contact Melanie on 087 1549660.

If you have any questions or concerns please contact us.

Thank you for your co-operation in this matter.

MEDIA COVERAGE

As the school is the first fully recognised Steiner school in the country, we are often approached by the media to do stories about the school. Therefore we need your consent that your child may be photographed or filmed on these occasions.

Please sign the consent form below and return it back to the school.

I _____ parent of _____

give my / do not (*delete as applicable*) consent for my child to appear in any media image connected to Mol an Óige Steiner National School.

Signed: _____

CLASS TRIPS

From time to time we will be taking the children out of school on field trips, class tours and outings. Rather than asking for your consent each time, we would like to get one for the year. You will be notified of these in writing beforehand, if there is any trip you don't want your child to go on, please inform the school in writing prior to that trip.

I parent of _____ allow **her/him** (*delete as applicable*) to go on school trips during the school year.

Signed: _____