

# APPLICATION FORM



Cuan na Gaillimhe CNS  
– a Steiner education



An Cimin Mór, Cappagh Road Knocknacarra, Galway,  
H91Y38E

Roll No: 20462d Tel: (091) 867387

[www.cuannagaillimhecns.ie](http://www.cuannagaillimhecns.ie)

Please return this form to the school address above.

Or via email [info.cng@gretb.ie](mailto:info.cng@gretb.ie)

## Pupil Information

Pupil Forename \_\_\_\_\_ Pupil Surname \_\_\_\_\_

PPSN of Pupil \_\_\_\_\_ Mother's Birth Surname \_\_\_\_\_

Pupil's Date of Birth \_\_\_\_\_ Pupil's Gender: Male ☐ Female ☐

Birth Cert Forename (if different from name above) \_\_\_\_\_ Birth Cert Surname (if different from above) \_\_\_\_\_

Pupil Address \_\_\_\_\_  
\_\_\_\_\_

Nationality \_\_\_\_\_

(In the case of dual citizenship, please specify both nationalities)

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes ☐ No ☐ If no, what language is spoken at home: \_\_\_\_\_

---

## Contact Information

Parent's Name: \_\_\_\_\_ Contact Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

# APPLICATION FORM

Parent's Name: \_\_\_\_\_

Contact Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

Please provide 2 other telephone numbers by which you wish to be contacted in case of emergency if we can't contact you on the above phone numbers:

Number: \_\_\_\_\_ Name: \_\_\_\_\_

Number: \_\_\_\_\_ Name: \_\_\_\_\_

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

---

## Background Information

Sisters (dates of birth):

\_\_\_\_\_  
\_\_\_\_\_

Brothers (dates of birth):

\_\_\_\_\_  
\_\_\_\_\_

Please provide details of child's previous schooling / playgroup / crèche.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was his / her experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

## Medical Information

Describe any Medical Condition of which the school needs to be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has she/he had any vaccinations?

\_\_\_\_\_

Does your child have any disabilities?

\_\_\_\_\_

## APPLICATION FORM

Has she/he had any serious accidents? \_\_\_\_\_

Does she/he have asthma? \_\_\_\_\_

Has she/he ever had an anaphylactic shock? \_\_\_\_\_

Does she/he suffer from epilepsy \_\_\_\_\_

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?

\_\_\_\_\_

\_\_\_\_\_

---

### Special Needs / Educational Needs

Does your child have recognised educational special needs (Please tick) Yes: ☐ No: ☐

If yes, please provide details:

\_\_\_\_\_

Do you have a report confirming a diagnosis? Yes: ☐ No: ☐

If yes, please provide details:

\_\_\_\_\_

Does your child have any special needs (e.g. dyslexia etc)? Yes: ☐ No: ☐

If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# APPLICATION FORM

Is she/he in need of Learning Support teaching?

Yes: ☐ No: ☐

If yes, please provide details:

---

---

---

Is there any further information you feel is relevant:

---

---

---

---

## Legal Information

IS THERE ANY LEGAL ORDER REGARDING CUSTODY OR ACCESS PERTAINING TO THIS CHILD:

Yes ☐ No ☐

If yes, please provide details:

---

---

---

---

## If transferring from another School

In order to assess the needs of the child, the principal will seek all reports relating to that child from the principal of the school where the child previously attended in accordance with our Enrolment Policy.

We (I) give permission to the principal of Cuan na Gaillimhe CNS – a Steiner education NS to seek all reports relating to our child from the principal of his/her previous School(s) Yes ☐ No ☐

Signed:

---

Name and address of previous school

---

---

---

## Junior Infants Only:

Has your child attended Preschool Yes: ☐ No: ☐

If yes, please provide name and address

---

Length of Attendance: 

---

We (I) give permission to the principal of Cuan na Gaillimhe CNS – a Steiner education NS to seek all reports relating to our child from the principal of his/her previous pre-school(s) Yes ☐ No ☐

## Photography

# APPLICATION FORM

I have read and understood the Cuan na Gaillimhe CNS' Policy Statement on the use of photographs in school.

Yes ☐ No ☐

I give my permission for my child to appear in photographs used for school publicity (including the school website).

Yes ☐ No ☐

I understand that my child's name will not appear with their photograph.

Yes ☐ No ☐

I give permission for my child to appear in photographs taken to publicise the school by the local press. I understand that permission will be sought prior to publication if the newspaper wishes to include names with a photographs / using videoing equipment if it includes other children or the school is concerned that the use of such equipment is detrimental to the activity taking place.

Yes ☐ No ☐

Signed:

---

---

## Code of Conduct

I have read and understood the Cuan na Gaillimhe CNS' Code of Conduct and will support the school in implementing it in relation to my child while s/he is a pupil of the school.

Yes ☐ No ☐

Signed:

---