



# Ravenswell Primary School

## Ravenswell

### Bray



☎ 01 2860498

Email: [office@ravenswell.ie](mailto:office@ravenswell.ie)

### Application Form

#### Application Type:

Is this Application for Mainstream? Yes  No

Is this Application for 'Cedars' Autism Class? Yes  No

#### Personal Details:

First Name (as on birth cert): \_\_\_\_\_ Surname (as on birth cert): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male  Female

Home Address (include eircode): \_\_\_\_\_

Child's PPS Number (If you do not have a PPS No. for your child, please provide mother's maiden name): \_\_\_\_\_

Give names of other siblings in the school: \_\_\_\_\_

Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

#### Ethnic Identity: (Please tick ✓)

- |  |   |   |
|--|---|---|
| White Irish <input type="checkbox"/>     | Black/Black Irish – African <input type="checkbox"/>                    | Asian/Asian Irish – Chinese <input type="checkbox"/>        |
| Irish Traveller <input type="checkbox"/> | Black/Black Irish – any other black background <input type="checkbox"/> | Asian/Asian Irish <input type="checkbox"/>                  |
| Roma <input type="checkbox"/>            | Any other White Background <input type="checkbox"/>                     | Other (including mixed background) <input type="checkbox"/> |

#### Medical Information:

- a) Does your child have any ongoing medical conditions? Yes  No   
If yes, please give details: \_\_\_\_\_
- b) Does your child have any allergies? Yes  No   
If yes, please give details: \_\_\_\_\_
- c) Has your child been referred for any assessment or early intervention? Yes  No   
If yes, please give details: (Please use a separate sheet to give further details if necessary)  
Type of Assessment(s): \_\_\_\_\_  
Date(s) of assessment(s): \_\_\_\_\_  
Reports Available: Yes  No

#### Educational Information:

##### For entrants to Junior Infants only:

Name of Pre-School: \_\_\_\_\_  
Number of years attended: \_\_\_\_\_

##### For entrants to all other classes:

Previous School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Standard/Class when leaving: \_\_\_\_\_  
Length of time in this school: \_\_\_\_\_

**Parent/Guardian Details:**

**Parent/Guardian 1 \***

Relationship to child: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

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

Home address (if different from child)

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian 2**

Relationship to child: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

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

Home address (if different from child)

\_\_\_\_\_

\_\_\_\_\_

**\*The phone number for Parent/Guardian 1 will be used  
For Text-a-Parent System.**

**Emergency Contact 1** (other than parent):

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

Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency Contact 2** (other than parent):

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

Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Consent:**

I/We understand that the school has an obligation to pass on information to Statutory Agencies such as Department of Education, Health Services, Gardaí and TÚSLA. **Yes**  **No**

I/We agree to abide by the School Policy Guidelines as given in the Parents' Information Booklet and School Website, in particular *Code of Behaviour Policy, Anti Bullying Policy & Internet Acceptable User Policy*. **Yes**  **No**

I/We consent that on occasions children may have photographs/video clips taken. These may be displayed around the school, on school website and Class Dojo. The school will **NOT** display any personal details with these photographs/video clips. **Yes**  **No**

I/We consent that our contact information will be stored on the schools' online Aladdin database. **Yes**  **No**

**Signature(s):**

Parent/Guardian 1: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Date: \_\_\_\_\_

**Checklist:** (Please return the following to the school).

Completed Application Form

Child's Birth Cert/Passport

Proof of your Address

Child's PPS No. (If he/she has one)

Copy/Copies of report(s) (If applicable)

**For Office Use Only:**

Date of Admission: \_\_\_\_\_

Class: \_\_\_\_\_

Teacher: \_\_\_\_\_

Add to Aladdin: \_\_\_\_\_

Aladdin Codes: \_\_\_\_\_

Add to POD: \_\_\_\_\_

Lunch Codes: \_\_\_\_\_

A.O.B.: \_\_\_\_\_

\_\_\_\_\_

