

GUSSEANE NATIONAL SCHOOL
Gusserane, New Ross,
Co. Wexford.
Y34 HV08
Phone: 051 564031
Email: gusseranens@gmail.com
Website: www.gusseranens.ie



Scoil Náisiúnta Ráth na gCosarán
Ráth na gCosarán, Ros Mhic Treoin,
Co. Loch Garman.
Y34 HV08
Teileafón: 051 564031
Ríomhphost: gusseranens@gmail.com
Láithreán gréasáin: www.gusseranens.ie

Childs Personal Details

Students Name: _____ Gender: _____

Students Date of Birth: _____ Eircode: _____
(Please attach a copy of the child's Birth Cert)

Students Address: _____

Nationality of Child: _____ PPS Number: _____

Religion: _____ To be placed into: _____ class

If other members of the family already attend Gusserane National School please State:

Name: _____ Class: _____

Name: _____ Class: _____

Parents

Mothers Name: _____ Fathers Name: _____

Address: _____ Address: _____
(if different from pupils) (if different from pupils)

Mothers Maiden Name: _____

Names of any other Legal Guardians: _____
(Please supply documentation)

Contact Details

Pupils sometimes take ill at school and need to be collected. On such occasions we will make contact with people on the contact list, in the order that has been given to the school. However, it may be necessary to have the telephone number of your child's Doctor.

Contact No. 1: _____ Name: _____

Contact No. 2: _____ Name: _____

Contact No. 3: _____ Name: _____

Contact No. 4: _____ Name: _____

Your child's Doctor: _____ TEL: _____

Designated Mobile Number for Text-A-Parent: _____

E-Mail Addresses _____ **if you wish to receive school newsletter by email (this is a green school initiative).**

In the event of an emergency, where neither parent/guardian can be contacted, do the teachers have your permission to undertake whatever action they deem necessary to safeguard your child's health?

Yes () No ()

If no, please indicate what action you would like us to take. _____

Medical Details

PLEASE NOTE ANY MEDICAL PROBLEMS/ALLERGIES YOUR CHILD MAY HAVE AND DETAILS OF SAME

Previous School/Pre-School

School Name: _____

School Address: _____

Dates Attend: _____ Class in which enrolled: _____

Principal's Name: _____ Phone No.: _____

E-mail Address: _____

Primary Online Database

Is one of the pupil's mother tongues (ie language spoken at home) Irish or English? Yes No

To which ethnic or cultural background group does your child belong?

White Irish Irish Traveller Roma Any other White Background

Black or Black Irish - African Black or Black Irish - Any other Black Background

Asian or Asian Irish -Chinese Asian or Asian Irish - Any other Asian Background

Other (inc. Mixed Background) No Consent

Any issues relating to custody of the child, guardianship, barring orders, legal documentation must be supplied in conjunction with this application of enrolment.

Payment Contract

Pupils Name: _____ Class: _____

I understand that there will be certain cost relating to my child's education in Gusserane National School. These costs will be mainly in the area of education equipment/materials, PE, Drama and Admin. I agree to pay these costs.

Signed: _____ Date: _____

Signature

Mother/Guardian

Father/Guardian

If any of the details above change in any way (eg phone numbers, allergies etc) please let us know immediately