

GUSSEANE NATIONAL SCHOOL  
Gusserane, New Ross,  
Co. Wexford.  
Y34 HV08  
Phone: 051 564031  
Email: [gusseranens@gmail.com](mailto:gusseranens@gmail.com)  
Website: [www.gusseranens.ie](http://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](mailto:gusseranens@gmail.com)  
Láithreán gréasáin: [www.gusseranens.ie](http://www.gusseranens.ie)

### **Childs Personal Details**

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Eircode: \_\_\_\_\_

**(Please attach a copy of the child's Birth Cert)**

Child's 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/Guardians Details**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(if different from pupils) (if different from pupils)

Mother's Contact Phone No: \_\_\_\_\_ Father's Contact Phone No: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Names of any other Legal Guardians: \_\_\_\_\_  
(Please supply supporting documentation)

Contact E-Mail Addresses: \_\_\_\_\_  
(to be used for correspondence and with the Aladdin connect app.)

Pupils sometimes take ill at school and need to be collected. On such occasions we will endeavour to contact **parents/guardians in the first instance** and thereafter the people on the following contact list, in the order that has been given to the school.

Contact No. 1: \_\_\_\_\_ Phone/Mobile: \_\_\_\_\_

Contact No. 2: \_\_\_\_\_ Phone/Mobile: \_\_\_\_\_

Contact No. 3: \_\_\_\_\_ Phone/Mobile: \_\_\_\_\_

### **Additional Information:**

Your child's Doctor: \_\_\_\_\_ TEL: \_\_\_\_\_

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

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### **Previous School/Pre-School Details**

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

School Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Class in which enrolled: \_\_\_\_\_

Principal's/Childcare Manager's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Primary Online Database Details**

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 educational 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, please let the school know immediately**