

**Holy Trinity National School,
Glencairn Drive, Leopardstown, Dublin 18.**

Bunscoil na Tríonóide Naofa, Baile na Lobhar, BAC 18.

Fón/ 01-2063664 E-Mail: office@holytrinity.ie

Website: www.holytrinity.ie

School Roll Number: 20190T



17th November 2016

Dear Parents/Guardians,

Your child has been offered a place in Junior Infants for the coming academic year 2017/2018

Please complete the attached **Acceptance Form** if you wish to accept the place and return it to the school before **Friday December 2nd 2016**.

Each completed form should be accompanied by your child's:

- Birth Certificate (this will be copied and returned);
- Baptismal Certificate, if Catholic (this will be copied and returned);
- Copies of Reports if relevant;
- €100 for the cost of school books and materials for Junior Infants.
(No further payment will be necessary when commencing school.
All books and materials are purchased by the school and available for each pupil in September.)

This is a non-refundable payment.

A receipt will be issued to you once the Acceptance Forms are processed. If we don't receive your completed form on or before December 2nd your place may be allocated to another child.

On **Friday May 19th at 1.30pm** we invite you and your child to our Open Day.

You will be invited to visit the Infant classrooms, meet the teachers, familiarise yourselves with the school environment and join in an afternoon of fun.

You are also welcome to keep in touch with Holy Trinity through the school website www.holytrinity.ie.

If you wish to discuss any issues relating to your child's enrolment I am more than happy to arrange a meeting.

If you do not wish to avail of this place please inform the school immediately.

Yours Faithfully

James Tobin
Principal

SAMPLE NOT FOR USE

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Acceptance Form 2017/2018

Please use capitals. All sections must be fully completed.

I wish to accept a place for my child in Junior Infants for the coming school year 2017/2018.

I have enclosed: (please tick)

Birth Certificate

☐

Baptismal Certificate (if Catholic)

☐

€100 Non Refundable Fee

(Fee covers the cost of books and materials for Junior Infants)

☐

Copies of Medical, Occupational Therapy, Speech & Language,
Psychological or other reports (if any)

☐

I have also brought to your attention on the attached form all
information relevant to my child's schooling.

☐

Name of Child:

Name of Parent(s)/Guardian(s):

Signature of Parent(s) / Guardian(s):

Child's Details as shown on Birth Certificate

| | | | | | |
|--|--|------|----------------|-------------------|--|
| Name: | | | Surname: | | |
| PPSN or Mother's Maiden Name: | | | Date of Birth: | | |
| Boy | | Girl | | Country of Birth: | |
| Address : | | | | | |
| Religion: | | | | | |
| Main language spoken at home: | | | | | |
| Siblings in Holy Trinity: | | | | | |
| Montessori/Pre-school or Previous Primary School attended: | | | | | |
| Class in previous Primary School: | | | | | |

Parent 1 Details

| | | | |
|------------------------------------|--|-------------------|--|
| Name: | | Surname: | |
| Phone Contact Numbers | | Mob: | |
| Home : | | Work: | |
| Email Address: (Block Capitals): | | | |
| Nationality: | | Country of Birth: | |
| Address (if different to child's): | | | |

Parent 2 Details

| | | | |
|------------------------------------|--|-------------------|--|
| Name: | | Surname: | |
| Phone Contact Numbers | | Mob: | |
| Home : | | Work: | |
| Email Address: (Block Capitals): | | | |
| Nationality: | | Country of Birth: | |
| Address (if different to child's): | | | |

Emergency Contact Details (please provide at least two names)

| | | | |
|-----------------|--|----------|--|
| Name: | | Surname: | |
| Contact Number: | | | |
| Name: | | Surname: | |
| Contact Number: | | | |
| Name: | | Surname: | |
| Contact Number: | | | |

Medical History

| | Yes | No |
|--|-----|----|
| Does your child have an <u>ongoing</u> medical condition? (e.g. food allergy; epilepsy; diabetes; asthma etc.) | | |
| Will your child need to be given medicine for this condition at school? | | |
| If 'yes' please give details | | |
| If 'Yes' please arrange an appointment to: 1. Draft a medical care plan 2. Complete a Board of Management Indemnity Form for Administration of Medication. | | |

Developmental History

| | | | |
|---|----------------------|-----------------------|--------|
| Has your child been assessed in any area apart from the routine Developmental check-ups? | | Yes | No |
| | | | |
| If 'yes' is there a report available? | | | |
| Please tick the relevant areas or agencies | | | |
| Speech & Language | Occupational Therapy | Psychological | Lucena |
| | | | |
| HSE Early Intervention Team | Enable Ireland | Other (please state): | |
| | | | |
| Other Relevant Information: | | | |
| | | | |
| Please attach copies of any reports available to ensure that your child will receive the resources that s/he is entitled to in Primary school | | | |

Stay Safe Programme & Relationship and Sexuality Programme

| | | |
|--|-----|----|
| In accordance with DES guidelines we are obliged to present "Relationship and Sexuality" and 'Personal Safety' programmes. | Yes | No |
| Do you wish your child to take part in these? | | |

Assessment Permission Slip

| | | |
|---|-----|----|
| While my child is a pupil in Holy Trinity N.S I give permission to the school to: | Yes | No |
| 1. Administer various educational assessments and diagnostic tests | | |
| 2. Provide learning support for my child if needed | | |

I.T. Acceptable Use Policy (published on our school website)

| | | |
|---|-----|----|
| I have read and endorse the I.T Acceptable Use Policy for Holy Trinity N.S. | Yes | No |
| | | |

Holy Trinity Behaviour Policy (published on our school website)

| | | |
|--|-----|----|
| I have read and endorse the Behaviour Policy for Holy Trinity N.S. | Yes | No |
| | | |