

Passage East National School

Scoil Náisiunta an Phasáiste

New Entrant Application Form

Senior Infants to 6th Class

Pupil First Name: Pupil Surname:

Pupil Address

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Date of Birth: Gender: *Male/Female* (circle as appropriate)

Name of Current school: Class:

School Address:

School Phone Number: Name of Principal:

Reason for leaving:

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Special Education Needs (including any relevant assessments):

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Does your child suffer from any of the following?;

ADD ADHD Dyslexia Other (if so please provide details below)

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Does your child need a Special Needs Assistant? Yes No

Does your child receive: Learning Support Resource Hours

If so please provide details of numbers of hours a week:

Please provide any other relevant information that you feel we should know about your child:

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Date of requested admission: Class/Standard:

PTO ➡

	Mother/Guardian	Father/Guardian
Name		
Contact Numbers - Mobile		
Home		
E-mail address		

Signed: _____
(parent/guardian)

Date: _____

Signed: _____
(parent/guardian)

Date: _____

All information provided on this form will be treated with the strictest confidence and will only be used for the benefit of your child.