S.N. Bhaile Mhóir Síol Anmchadha
Baile Mór Shíol Anmchadha
Béal Átha na Slua
Co. Na Gaillimhe

Phone: (090) 9685609
Principal: Andrew O' Regan

Lawrencetown N.S.
Lawrencetown,
Ballinasloe,
Co. Galway

Form for Admission of New Pupils – School Year 2026/7

Please enclose a copy of your child's Birth Certificate

PLEASE FILL FORM IN BLOCK CAPITALS

Section One:

Child's name: _____ Date of Birth: _____

Irish version of child's name: _____
(School will translate if none is given)

P.P.S. number: _____

Home address:_____

Eircode:_____

Telephone (home): _____ (mobile)_____ (work)_____

Nominated name and number for text-a-parent messaging:_____

Father's name:_____

Father's email; _____

Address if different from pupil's: _____

Mother's name:_____

Mother's Maiden name: _____

Mother's email; _____

Address if different from pupil's _____

Address to send correspondence if different from above: _____

_____

Nominated person(s) authorised to collect child from school other than a parent: _____

_____

Arrangements to be made if the child is ill or has an accident at school: _____

_____

Previous School Attended (if any): _____

Is this form a request to enrol in the school's Junior infant class 26/27 ☐

Mixed years special class (JI-6th class) 26/27 ☐

Early Intervention special class 26/27 ☐

Mainstream class (excluding 26/27 infant cohort) ☐

Section Two:

Name of family doctor: _____ Phone no. _____

Section Three:

Please tick

I consent for my child to go on school trips/tours ☐

I consent for my child to participate in the Relationships and Sexuality Programme ☐

I consent to my child's details being forwarded to the Health Board for immunisation purposes. ☐

I consent for my child to attend the learning support teacher in the school for assessment purposes. ☐

I consent for my child to use the internet, complying with the school's Internet Acceptable Use Policy ☐

I consent for my child's photo or class photo (without names) being sent to local newspaper, school website etc for special events e.g. competitions, communion, confirmation etc. ☐

I consent to my child being filmed for the Christmas Concert ☐

I consent for my child's class work being displayed on the school website and school associated digital media ☐

I consent to my name being circulated to other parents for the purpose of Board of Management, Parent Association Elections ` ☐

I consent to the schools communication policy (available on the website) ☐

I consent to the schools bus transport policy (available on the website) ☐

I/we have read the rules of the school and I/we agree that my child shall be bound by them

Signed: _____Parent/Guardian

Signed: _____Parent/Guardian

If any of the details above changethey must be updated by each child's parents/guardians via the Aladdin app.

All details supplied in these documents are held in the strictest confidence and stored securely. No details will be given to any other agencies without the consent of parents.