



GRACE CHRISTIAN SCHOOL

Hagan House, Ramparts, Dundalk, Co Louth, Ireland

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E-mail: gcs@gracefellowship.ie

Website www.gracechristianschool.ie

ADMISSION FORM

(Private & Confidential)

(PLEASE COMPLETE THIS FORM IN BLOCK LETTERS)

1. Personal Details

Child's Name(s) _____

Surname: _____

Male Female Date of Registration: _____

Date of Birth: _____

(Please attach a copy of child's Birth Certificate)

Child's PPS No: _____

Address: _____

Home Phone No: _____

Religion: _____

Mother's Name: _____

Mother's Occupation: _____

Mother's Mobile No: _____

Father's Name: _____

Father's Occupation: _____

Father's Mobile No: _____

Home Email Address: _____

Note: Parents need to be contactable at all times. Please make sure that changes to telephone numbers and address are communicated to the school.

In the event that you cannot be contacted please nominate two other people, stating relationship to the child and phone number:

1. _____

2. _____

Please list the names of those (other than parents) authorised to collect your child from the School stating Relationship to the child and phone number.

Note: Your child cannot be released into the custody of anyone other than those you nominate, unless the School has your verbal/written approval:

1. _____

2. _____

How did you hear about Grace Christian School?

Children in the family of school going age who are not attending this school:

Name	Age
_____	_____
_____	_____
_____	_____

Reason they are not attending:

2. Medical Details:

Doctor's Name: _____

Surgery Address: _____

Phone Number: _____

A) Please list any illness or disabilities:

B) Please list any allergies and state their treatment:

**In the case of a serious allergy, you must contact the Principal Teacher.

C) Does your child need to take medicine on a regular basis which would require them having it at the School?

D) Inoculations Received:	Date Received:
_____	_____
_____	_____
_____	_____

3. Religious Information:

Church attended: _____

Address of Church: _____

Pastors Name: _____

TRANSFERRING STUDENTS

ADMISSION FORM

(Private & Confidential)

(PLEASE COMPLETE THIS FORM IN BLOCK LETTERS)

To be completed if your child has already reached school age
and has been attending a school or homeschool.

School last attended: _____

Has the child ever been expelled, dismissed, suspended or refused admission to another school?

Yes

No

If yes please give details: _____

Has the child ever had any disciplinary difficulties?

Yes

No

If yes please give details: _____

Reasons for transferring to this school: _____

Please make sure to include copies of school reports from previous school attended.