



School Chomhgháin Naofa Enrolment Form

Class Enrolling For: _____ **Commencement Date:** _____

Section 1: Child's Details

First Name _____ Last Name _____ DOB _____

Name in Irish (if known) _____ (BLOCK LETTERS)

Address _____

Eircode _____ (The address given must be the address at which the child normally resides)

Home Phone No. _____ PPS No. _____

Nationality _____ If born outside of Ireland, state date of arrival _____

Ethnic/Cultural background (e.g. Irish/Roma/Traveller/Asian/African/Mixed/Other) _____

Religion _____ If Catholic, was your child baptised in Killeshin Y N

Is English the spoken language in the home: Y N

Language spoken at home if not English _____

Section 2: Parents/Guardians

Mother/Legal Guardian's First Name _____ Mobile No. _____

Mother/Legal Guardian's Last Name _____ Work No. _____

Mother's Maiden Name _____ (If changed after marriage)

Occupation _____ Nationality _____

Address _____

_____ (If different from above)

E-Mail (print clearly) _____

Father/Legal Guardian's First Name _____ Mobile
No. _____
Father/Legal Guardian's Last Name _____ Work No. _____
Occupation _____ Nationality _____
Address _____

(If different from above)

E-Mail (print clearly) _____

Text-a-Parent Mobile No. _____ (If not mother's mobile)

Names of siblings currently or previously in the school _____

With whom does the child normally live? Both Parents Mother Father

Other? (Please specify) _____

Parents' Marital Status _____ (Married, Single, Separated, Widowed, etc.)

Is it necessary for school reports, notice of meetings etc. to be sent to more than one address?

Please give name, address and email of that person

Details of any legal orders affecting the family

(Please provide school with a copy of any document that is relevant to school/education)

Section 3: Emergency Contact

In the event that neither parent/guardian is contactable, either of the following can be contacted: (Ideally this should be someone who lives in or near Killeshin)

1. Name _____ Address _____
Mobile No. _____ Home No. _____

2. Name _____ Address _____
Mobile No. _____ Home No. _____

Section 4: Medical Details

Doctor's Name _____ Telephone No. _____

Is your child allergic to any medication that might normally be used to treat emergency illness/accident? Y N

If your child requires medication during the school day, please read and familiarise yourself with the school's 'Administration of Medicines Policy' available on the school website, or a hard copy by request from the school office.

Will you be submitting a request to the school to administer medication to your child? Y N

Does your child have a medical, physical or emotional disability? Y N

Please give details of any health problems or allergies that the school should be aware of;

Please give details of:

Hearing or sight defects _____

Speech or language difficulties _____

Medication prescribed _____

Does your child have any special needs? Y N

If yes, please give details

Does your child have any behavioural difficulties? Y N

If yes, please give details

If your child has attended any of the following, please indicate accordingly.

Speech & Language Therapy Y N

Psychologist Y N

Counselling Y N

Social Worker Y N

Occupational Therapist Y N

Details of any other agency attended or assessment carried out

If there are written reports in relation to any of the above, a copy must be provided to the school. *If you have ticked YES to any of the above, please ensure that you speak to the Principal.*

Section 5: Other Information

In the interest of the pastoral care of your child, it would be helpful for us to be informed regarding educational difficulties, health, bereavement, domestic circumstances, etc. Please contact the principal or class teacher.

Section 6: Education

Pre-School Attended: _____ **Address** _____

From _____ To _____

Previous Primary School attended (if applicable)

Name _____ Address _____

Roll Number _____ School Telephone No. _____

Principal's Name _____

From _____ To _____ Class(es) _____

Reason for leaving this school

Is/has your child been in receipt of any of the following services?

Learning Support Y N

English Language Support Y N (If yes, for how long _____)

Resource Teaching Y N (If yes, for how long _____)

Special Needs Assistant Support Y N

If you have answered **YES** to any of the above, please give details of the support

Any other needs that the school should be aware of

Section 7: Consents

- I consent that my child may receive any necessary medical care from a doctor, ambulance crew, hospital, etc., in the event of an accident or illness occurring, where the school is unable to contact parents/guardians. Y N
- I consent to my child's clothes being changed by school staff if they become soiled or wet. Y N

- I consent to my child going on supervised school outings, such as local walks, school visits, school trips, sports events, etc. Y N
- I consent to in-school educational screening and diagnostic tests for my child and follow up learning support, if the school deem it appropriate. Y N
- I consent for this information to be stored on the school's administration system, Primary Online Database (POD) and transferred to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in primary school. Y N
- Annually the school is asked to provide information to the HSE to facilitate their work, immunisations, sight and hearing tests and dental appointments etc. and to the Parish Office for preparation for the Sacraments.
Do you give permission for your child's details to be made available? Y N

I, the undersigned,

- am aware that the school teaches the Stay Safe Programme and the Relationships and Sexuality Programme, both of which are part of the Department of Education & Skills Social and Personal Health Education curriculum.
- am aware that the information on this form will be stored on the school's administration system and the Department of Education's Primary Online Database (POD), may be shared with the HSE (i.e. name and contact details for scheduling health screening such as hearing, vision, dental, etc.)
- give permission for my child to use the School Internet in accordance with the School Internet Policy
- give permission for my child's photograph and/or work to be used on the school's website.
- give permission for my child to be photographed for school projects, local newspapers & school related activities.

I have read and understood the above consents and I wish to enrol my child in Scoil Chomhgháin Naofa.

- I undertake to see that my child will attend school punctually and regularly.
- I have read and understood the school's information booklet which is available on the School Website (or in hard copy from the office)
- I undertake that I and my child will comply with all school rules and policies.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

In the event of only one signature: _____'s other parent/guardian is fully aware of and in agreement with this enrolment application and is in agreement with the consents, terms and conditions as outlined.

Signature _____ Date _____

We wish to make it clear to parents/guardians that your permission can be withdrawn at any time for any of the above by writing to the Principal.

Please ensure that you have completed all sections of the application form and attach a copy of your child's Birth Certificate, and if applicable any professional/ assessments/ reports – see previous page.