Scoil Naomh Cholmcille

School Enrolment Form

Note: All forms must be completed in full and returned to the school, along with a Birth Certificate. Completion of this form does not guarantee your child a place in the school.

Name of Child (in full, as on Birth Certificate) _____

Address at which child resides: _____

_____

Proof of address is required, e.g. ESB bill, Telephone bill.

Telephone No: _____

Date of Birth: _____ Child's PPS No: _____

Nationality: _____ Country of Birth: _____

If not born in Ireland, date on which child arrived in Ireland: _____

Mother's Nationality: _____ Father's Nationality: _____

*If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.

Father's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Mother's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Guardian's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Is the child living with both parents _____

Position of child in family (1st, 2nd, 3rd, etc) _____ Number of children in the family: _____

Religious denomination: _____

If your child was baptised please state where it took place: _____

Date of baptism: _____

Did you child attend preschool: _____ For how long: _____

Where? _____

At what age did your child begin to speak: _____

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Does he/she speak well? _____

Has you child ever had a psychological assessment? _____

Has your child ever received a speech and language report? _____

Name of brother/sister in this school: _____

Class: _____

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

Person who usually collects child(ren)

_____	Phone_____
_____	Phone_____
_____	Phone_____
_____	Phone_____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other relevant information:_____

_____

_____

_____

_____

School Emergencies/Sickness/Unexpected Closures, etc.
The following information will be used by the school in the event of:
- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

Person the school will contact:

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1 _____   2 _____

 _____   _____

 _____   _____

Tel/mobile: _____   Tel/mobile: _____

Medical Emergency/Accident

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian) _____

List of Children   _____

                          _____

                          _____

Family Doctor (Only if you wish)

Doctor's Name _____   Telephone No: _____

Do your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

_____

_____

_____

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Do your child/children have an allergic reaction to medication or food?

_____

_____

_____

Is there any other relevant information about your child/children which we should know?

_____

_____

I consent to my child's participation in the RSE Programme

Parents Signature: _____

I consent to my child's participation in the Stay Safe Programme

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Parents Signature: _____

Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

Parents Signature: _____

During your child's time in [Insert School Name], it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

Parents Signature: _____

I give permission to allow my child to attend the Learning Support/Resource teacher if deemed necessary.

Parents Signature: _____

I give permission to allow my child to take part in the Buddy reading system in the school.

Parents Signature: _____

I give permission to allow my child's photograph/image to be included in school-related activities, competitions etc.

Parents Signature: _____

I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

Parents Signature: _____

I acknowledge that I have received, read and accepted the School General Policy, Code of Behaviour, Anti-Bullying Policy, Substance Use Policy, Internet Use Policy and RSE Policy of [Insert School Name]. Having discussed and explained same with my child and I agree to abide by same.

I wish to enrol my child _____
I declare the above information to be correct and understand that it will be treated as confidential.

Signed:_____

Date: _____

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Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised) with this form. These documents will be photocopied and returned to you.

Principal's signature:_____
Date: _____

Birth Certificate received: Yes ☐ No ☐
Baptismal Certificate received: Yes ☐ No ☐ Not applicable ☐

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To be completed if your child is transferring from another Primary School

Previous School: _____

Address: _____
_____
_____
_____

Telephone: _____

What class was your child in when he/she left the school? _____

Reason for Transfer: _____
_____
_____
_____
_____
_____
_____
_____

Have you enclosed a copy of the most recent school report and attendance record? Yes ☐ No ☐

N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school. Proof of address must accompany application.

General School Policy and Code of Behaviour ☐
Internet Permission Form ☐
RSE Policy Consent Form ☐
Substance Use Policy Consent Form ☐

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Medical Form ☐

Enrolment Application Form ☐

Birth Certificate ☐

Note: We require reports from previous schools in order to meet the needs of your child.

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may affect your child at school

_____

_____

Has your child any physical or mental disabilities? If so are there any specific equipment/ resources that the school will require for your child?

_____

_____