

# SCOIL NAOMH CHOLMCILLE

## School Enrolment Application Form

**Important 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. All information will be treated with strict confidentiality.

### 1. CHILD IDENTITY & STATUS

Full Name (as on Birth Certificate):

\_\_\_\_\_

PPS No: \_\_\_\_\_

Address at which child resides:

\_\_\_\_\_

*\* Note: Proof of address is required alongside submission (e.g., recent ESB or Telephone bill).*

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

If born outside Ireland, date of arrival: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

### 2. FAMILY BACKGROUND & AFFILIATIONS

Religious Denomination:

\_\_\_\_\_

Place of Baptism (if applicable):

\_\_\_\_\_

Date of Baptism:

\_\_\_\_\_

Position of child in family (1st, 2nd...): \_\_\_\_\_ Total number of children in family: \_\_\_\_\_

Name of brothers/sisters currently in this school: \_\_\_\_\_

Current Sibling Class(es):

\_\_\_\_\_

# SCOIL NAOMH CHOLMCILLE

## School Enrolment Application Form

### 3. PARENT & GUARDIAN PROFILES

Is the child living with both parents?  Yes  No

#### Father's Profile

Full Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

#### Mother's Profile

Full Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

#### Legal Guardian Profile (If applicable)

Full Name: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Important Emergency Notification Note:** If you change your mobile phone details at any point during the academic school year, you must inform the administrative office immediately to preserve valid contact capabilities during emergencies.

### 4. EARLY DEVELOPMENT & EDUCATIONAL HISTORY

Did child attend preschool?  Yes  
 No

Where / Facility Name:

\_\_\_\_\_

For how long:

\_\_\_\_\_

At what age did your child begin to speak? \_\_\_\_\_

Does he/she speak well?

Yes  No

#### PRIMARY SCHOOL TRANSFERS ONLY (If transferring from another school)

Previous School Name:

\_\_\_\_\_

School Telephone:

\_\_\_\_\_

Previous School Address:

\_\_\_\_\_

Class child was in when leaving:

\_\_\_\_\_

Reason for Transfer:

\_\_\_\_\_

**Enclosed Reports:** Check box if you have enclosed a copy of the child's most recent primary school report and attendance record.

# SCOIL NAOMH CHOLMCILLE

## School Enrolment Application Form

### 5. EMERGENCY CONTACTS & MEDICAL BACKGROUND

Please supply contacts for two alternative nominees whom the school can request to collect your child if they get sick or if an unexpected closure occurs and parents/guardians are completely unreachable.

#### EMERGENCY CONTACT 1

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel / Mobile: \_\_\_\_\_

#### EMERGENCY CONTACT 2

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel / Mobile: \_\_\_\_\_

Authorized Person(s) to usually collect child: \_\_\_\_\_

Collector Contact Phone: \_\_\_\_\_

### MEDICAL HISTORY & HEALTH AUTHORIZATIONS

Family Doctor Name (Optional): \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

Specific Medical Conditions or Emotional Background (e.g. Asthma, Eyesight, Hearing, etc.):

Food Allergies or Adverse Reactions to Medications / Foods:

**Medical Emergency Consent Authorization:** In the event of an emergency or severe accident, I authorize a member of staff to use his/her discretion and bring my child to a Doctor/Hospital. Every single effort will be explicitly executed to contact parents first.

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

### 6. SCHOOL POLICIES, ASSESSMENTS & PROGRAM CONSENTS

Please sign individual boxes to confirm explicit parental authorizations for essential school activities:

Policy / Program Description	Signature	Policy / Program Description	Signature
Participation in <b>RSE Programme</b>		Individual <b>Diagnostic Testing</b> (for educational growth)	
Participation in <b>Stay Safe Programme</b>		Attend <b>Learning Support / Resource</b> if required	
Mandatory Standard <b>Screening Tests</b>		Participation in school <b>Buddy Reading System</b>	
<b>Image Release Authorization</b> (School activities/news)		<b>HSE Data Sharing</b> (To School Nurse, Doctor, Dentist)	

I / We acknowledge that we have received, read, and accepted the School General Policy, Code of Behaviour, Anti-Bullying Policy, Substance Use Policy, and Internet Use Policy. We agree to discuss these rules with our child and abide by them fully.

**Declaration of Enrolment Application:** I declare the above information to be correct and understand that it will be processed and treated under strict confidentiality.

**Signature of Applicant Parent/Guardian:**

**Date:** \_\_\_\_\_

Psychological/Speech Assessment Attached

**ADMINISTRATIVE USE ONLY**

Birth Cert Verified

Baptism Cert / NA

Proof of Address

**Principal Sign:**

\_\_\_\_\_