Enrolment Form 2024

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| **Personal Information** | | | |
| Pupil’s Name: | | P.P.S Number: | |
| Date of Birth: | | Gender: | |
| Address: | | Country of Birth: | |
|  | | Nationality: | |
|  | | Primary language spoken at home: | |
| Eircode: | |  | |
| Pre-school attended: | |  | |
|  | |  | |
| **Parent/Guardian Details** | | **Parent/Guardian Details** | |
| Name: | | Name: | |
| Relationship to Child: | | Relationship to Child: | |
| Home phone no: | | Home phone no: | |
| Mobile phone no: | | Mobile phone no: | |
| Email address | | Email address | |
|  | |  | |
| Please confirm you have included a copy of your child’s birth certificate: **Yes 🞏 No 🞏** | | | |
|  | | | |
| **If the parents are not available, who should we contact in an emergency** | | | |
| **Name:** | **Name:** | Name: | Name: |
| **Relation to Child:** | **Relation to Child:** | Relation to Child: | Relation to Child: |
| **Phone no:** | **Phone No:** | Phone No: | Phone No: |
| **Do both parents have custody of the child: Yes 🞏 No 🞏**  ***If not, please speak in confidence with the principal.***  Is there any orders or other arrangements in place governing access or custody: **Yes 🞏 No 🞏**  ***If yes, please speak in confidence with the principal.*** | | | |
| **Health**   * **Family Doctor:** * **Contact Details:** * In the event of an emergency does the school have permission to take the child to a doctor or hospital: **Yes 🞏 No 🞏** * **Are your child’s immunisations up to date:**   **Yes 🞏 No 🞏**   * **Your child’s information will be shared with the HSE to allow them to contact you for the purpose of immunisation & dental.** * **Does the school have permission to administer First Aid to your child & use items such as plasters, antiseptic wipes, bandages, gels etc? Yes 🞏 No 🞏**   **If no, please specify what is not allowed:** | | | |
| **Does your child have any medical concerns or information that maybe relevant?** | | | |
| **Has your child any special Educational Needs?** | | | |
| **Primary Online Database (POD):**  *This is an online database maintained by the Department of Education: Consent is required to allow the school to share your child’s data. Further information can be found at*  [*https://www.gov.ie/en/collection/3119d-pod-database/*](https://www.gov.ie/en/collection/3119d-pod-database/)  I consent for information on my child to be stored on the Primary Online Database (POD), the Department of Education & Skills online database. This information will be shared with other schools your child transfers to, including 2nd level.  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **To which ethnic or cultural background group does your child belong (please tick one)?**  **(Categories based on the Census of Population)**  **White Irish 🞏 Irish Traveller 🞏 Roma 🞏 Any other White Background 🞏**  **Black or Black Irish - African 🞏**  **Black or Black Irish - Any other Black Background 🞏**  **Asian or Asian Irish – Chinese 🞏 Asian or Asian Irish - Any other Asian background 🞏 Other(inc. mixed-background)🞏** No consent **🞏**  **What is your child’s religion?**  No Consent **🞏** Roman Catholic **🞏** No Religion**🞏**  Muslim (Islamic)**🞏** Church of Ireland (Anglican)**🞏**  Orthodox (Greek, Coptic, Russian) **🞏**  Christian Religion (not further defined) **🞏**  Apostolic or Pentecostal**🞏**  Other Religions **🞏** Hindu **🞏** Presbyterian**🞏**  Atheist **🞏** Baptist **🞏** Buddhist **🞏** Protestant **🞏**  Jehovah’s Witness **🞏** Methodist **🞏** Wesleyan **🞏** Lutheran **🞏** Agnostic **🞏** Evangelical **🞏** Jewish **🞏** | | | |
| **Special Education Teacher:**   * **A special education teacher is available in the school to give extra help, when necessary, either individually or in a group.**   **Do you give consent for your child to take part in group sessions: Yes 🞏 No 🞏**   * **On occasion we administer ‘Diagnostic’ tests (eg Neale Analysis, MIST, Belfield Infant Screening, NRIT) to discover the educational progress of our pupils.**   **Do you give consent for your child to take part: Yes 🞏 No 🞏**  **In the event of your child needing individual help the school will contact you in advance** | | | |
| **Permission for using images of Children – please indicate permission below:**   * **For my child to having their photograph or video taken within the school or at a school event and shared on social media, printed media and/or press events:**   **Yes 🞏 No 🞏**   * **For the sharing and publishing of your child’s full name for sporting events:**   **Yes 🞏 No 🞏**  **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **We ask permission for your child for certain things throughout the year – please indicate your permission below:**   * **For my child to go, via bus, on school tours, local educational visits/field trips and participate in school activities eg swimming, matches, quizzes, choirs etc:**   **Yes 🞏 No 🞏**   * **During the school year we may need parents to aid children during sporting activities (eg changing at swimming etc). Please indicate permission for your child to be assisted if necessary. Yes 🞏 No 🞏** * **Occasionally during the school year, we request parents to assist with the transporting of the children to sporting event, chapel visits & cultural events etc. Does your child have permission to travel with another parent, in the company of their classmates, to and from such events: Yes 🞏 No 🞏**   **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Anti-Bullying & Code of Conduct:**  **Please confirm you have read the admissions, anti-bullying & code of conduct policies and agree your child & you will comply with them: Yes 🞏 No 🞏** | | | |
| **Signature of Parent/Guardian:**  **Date:** | | **Signature of Parent/Guardian:**  **­­­­­­­­­­­­­­­­­­­Date:** | |

**Please note all sections must be completed. If you need to talk to the principal, please call the school on 058 47416 or email kilbrienns@gmail.com.**