



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)	Gender	Date of Birth	Country of Birth
		/ /	

Address	Nationality	If not born in Ireland, date child arrived here	Child's P.P.S.N.
At which child resides:		/ /	

(Proof of address is required,

e.g. ESB bill, Telephone bill)

*Religion	*(See Page 5)*	*Ethnic or Cultural Background

Please include EirCode

Telephone No.(s)	E-mail Address

Number of children in the family?		Position of child in family? (1 st , 2 nd , 3 rd etc.)	
Did your child attend preschool?		For how long?	

Name and Address of Playschool:

Name of Parent(s) or Guardian(s)	Occupation

Mother's Nationality	Mother's Maiden Name	Father's Nationality

Medical Needs:	Yes/No	If yes, please give some details:
Is the above-named child under medical care?		
Does he/she take any prescribed medication?		
Has the child been exposed to any infectious diseases?		

Does he/she have any visual, hearing or any other physical problems?

Does he/she have any allergic reaction to medication or food?

Are specific resources/equipment required to meet the child's needs?

Immunisations (if any) and dates?

Special Needs:

Yes/No

Please provide some details

Does your child have any assessed special needs?

Has he/she attended any 'Early Intervention' programme(s)?

If non-Irish, does he/she speak English?

Does he/she have any speech/language Difficulties?

Does he/she have any Social, Emotional or Behavioural difficulties?

If you answered 'Yes' to any of the above, are there any specific resources/equipment etc. that the school will require in order to meet the child's needs?

Permission/Consent

Collection from School:

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 No:

Emergencies:

If your child gets sick, or the school has to close unexpectedly, etc and we are unable to contact you, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask either of these people to come and collect your child/children.

Person(s) the school will contact:

1.

Name:

Address:

Phone No:

2.

Name:

Address:

Phone No:

Note: If you, or your nominated contacts, change mobile numbers during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.

Access by Parent/Guardian/Custodian:

Parents and legal guardians/custodians 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 be informed immediately.**

Other relevant information:

Is your child subject to any court order?

Medical Emergency/Accident:

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

I authorise that, at their discretion, a member of staff may take, or have my child taken, to a Doctor/Hospital if an emergency arises.

Signed: (Parent / Guardian):

Doctor's Name (Only if you wish):

Telephone No:

Educational Programmes:

RSE (Relationships and Sexuality) I consent to my child's participation in this Programme.

Parent's Signature:

Stay Safe: (Child Protection Programme) is a compulsory component of S.P.H.E. (Social, Personal and Health Education). See www.staysafe.ie I am aware that no parental consent is required.

Parent's Signature:

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

Parent's Signature:

Diagnostic Testing: During your child's time in Scoil Mhuire N.S., 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 him/her in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

Parent's Signature:

Learning Support/Resource: I give permission for my child to attend if deemed necessary.

Parent's Signature:

Photographs/Digital Images: I give permission to allow my child's photograph/image (with child's first name only) to be included in school-related, competitions, website, school Facebook and Twitter accounts etc.

Parent's Signature:

Transfer of Personal Data:

I give permission to allow my child's details (name, PPS number, address, date of birth, nationality, religion, and ethnic or cultural background) to be transferred to the Department of Education & Skills Primary Online Database (POD).

Parent's Signature:

I give permission to allow my child's details (name, address, PPS number, address, date of birth, contact number etc.) to be given to agencies such as the HSE (school nurse, doctor, dentist), etc.

Parent's Signature:

Transfers from other schools: This section is not applicable to children entering Junior Infants Class

Last School Name

Standard/Class completed in last school

Address

Date of Entrance

Date of Leaving

Name of Principal or Class Teacher

Telephone Number

Note: We require 'Annual School Reports' from previous schools in order to meet the needs of your child. (Standardised Test Results, Attendance, Social and Behavioural, as well as up-to-date assessments in the case of a child with Special Needs). Please ensure that these are included.

I give permission for Scoil Mhuire N.S., Schull to contact my child's previous school(s).

Parent's Signature

All Applicants: Transfers and Junior Infants

I acknowledge that I have received, read and accepted the School Enrolment, Attendance, Child Protection, Code of Behaviour, Anti-Bullying, Safety Statement, and Acceptable Use Policies of Scoil Mhuire N.S..(Available on www.schullns.com) Having discussed same with my child, we agree to abide by them.

I wish to enrol my child:

Child's Name:

I declare the above information to be correct and understand that it will be treated as confidential.

Signed:

Date:

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.

Please include copies of any up-to-date assessments/reports for a child with Special Needs.

Transfers: Please include Annual School Reports as well as above.

Thank you for your time and co-operation.



*** Please choose one of the following when inputting *Religion* in the space provided on Page 1**

Roman Catholic
Church of Ireland (incl. Protestant)
Presbyterian
Methodist, Wesleyan
Jewish
Muslim (Islamic)
Orthodox (Greek, Coptic, Russian)
Apostolic or Pentecostal
Hindu
Buddhist
Jehovah's Witness
Lutheran
Atheist
Baptist
Agnostic
Other Religions
No Religion
No Consent

*** Please choose one of the following when inputting *Ethnic or Cultural Background* in the space provided on Page 1**

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 (including mixed background)
No Consent

