

SN Muire Naofa Pullough

School Enrolment Form 2022-2023

## **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: **Eircode necessary**

#### Date of Birth: \_\_\_\_\_\_\_\_\_\_

#### 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.**

**Please indicate with a tick at the side which parent’s number and e-mail address you prefer us to use for home-school contact ie textaparent and teacher e-mail contact.**

#### Father’s Name:

Mobile No: ……………………. **e-mail address**: …………………….

#### Present employment:

Work telephone No: \_\_\_\_\_\_\_\_

### Mother’s Name:

Mobile No: …………………………… **e-mail address:** …………………….

###  Present employment:

Work telephone : …………………..

#### Guardian’s Name:

Mobile No: ……………………….. **e-mail address**: ……………………….

####  Present employment:

Work telephone 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 your child attend preschool: \_\_\_\_\_\_ For how long: \_\_\_\_\_\_\_\_

##### Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

#### Does he/she speak well?

##### Has your child ever had a psychological assessment?

Has your child ever received a speech and language report?

##### Name of brother(s)/sister(s) 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(including any legal orders)**

**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:**

 1. Name Number

2. Name

 Number

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

**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

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

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

##### During your child’s time in SN Muire Naofa 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.

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

I give permission to allow my child’s photograph/image to be included in school-related activities, competitions etc and I will sign and comply with the school AUP (Acceptable Use Policy)

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.

I acknowledge that I will read and accept the School General Policy, Code of Behaviour, Anti-Bullying Policy, Substance Use Policy, Internet Use Policy and RSE Policy of SN Muire Naofa. Discuss these with my child and we will 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:**

**Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised outside of this parish. No certificate is necessary if your child is not 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 ****

## **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 **

## **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?

##

##

##

##

##

##

##

##

##

##

##

##