

Application for Enrolment

St Mary's NS, Templeboy, Co Sligo

Email: kilrusheighterns1@gmail.com

The Department of Education and Skills employs an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Department at individual pupil level on a live system.

Please complete this form in CAPITAL LETTERS and return to the school. This form will be retained by the school.

Child & Family Details

The data required for POD is marked with an asterisk* and will only be entered on POD if your child enrolls in the school. All other information requested is required for the efficient running of the school.

*Child's Name _____

*Date of Birth _____

*Child's P.P.S.N. _____

*Child's Name on Birth Cert _____

*Child's Nationality _____

*Language spoken at home _____

*Child's Religion _____

*Place of Baptism (if applicable) _____

*Child's Address

*Child's Eircode _____

*To which ethnic or cultural background group does your child belong?

White Irish [] Black or Black Irish – any other Black background [] Irish Traveller []

Asian or Asian Irish – Chinese [] Roma [] Black or Black Irish – African []

Asian or Asian Irish – any other Asian background [] Any other white background []

Other (including mixed background) []

Do you consent to uploading data relating to religion and ethnicity to POD? Yes [] No []

The following information is required for the efficient running of the school and will not be uploaded to POD. All information is provided in **strict confidence** and will not be shared without your permission.

Mother's Name _____	Father's Name _____
Address (if different from child's address) _____ _____	Address (if different from child's address) _____ _____
Mobile No. _____	Mobile No. _____
Home/Work No. _____	Home/Work No. _____
Email _____	Email _____
Nationality _____	Nationality _____

Child lives with (tick): Both Parents [] Mother [] Father [] Other []

Please inform the Principal, in strictest confidence, of any particular family circumstance or arrangements applying to your child.

Child's Legal Guardian/s (tick): Both Parents [] Mother [] Father [] Other []

TextaParent:

TextaParent is used to communicate with parents quickly and easily by sending instant text messages. Please nominate one mobile number for this service: _____

Emergency Contacts:

Should we be unable to contact you, please provide contact details of two people who may be contacted in the event of an emergency.

Name _____	Tel _____
Name _____	Tel _____
Doctor's Name _____	Tel _____

In the event that we are unable to contact you or your emergency contact nominees, do we have permission to seek professional medical advice (G.P. or Hospital)? Yes [] No []

Education & Learning

Name of Pre-School _____

No. of years _____ Tel _____

I give permission to the Principal to discuss my child's progress with the pre-school listed above. Yes [] No []

- Has your child been assessed by a Speech and language Therapist? Yes [] No []
If yes, please enclose a copy of the assessment report.
- Has your child attended speech and language therapy sessions? Yes [] No []
- Has your child been assessed by an Occupational Therapist? Yes [] No []
If yes, please enclose a copy of the assessment report.
- Has your child attended occupational therapy sessions? Yes [] No []
- Has your child been assessed by an Educational or Clinical Psychologist? Yes [] No []
If yes, please enclose a copy of the assessment report.
- Has your child been seen by the Early Intervention Service? Yes [] No []
If yes, please enclose a copy of the assessment report.

If you do not have a copy of any of the above reports but your child has attended, please include the following information:

Who completed the assessment: _____

Please specify which support service (HSE, CAMHS, WCCDS, private etc):

Dates attended: _____

Health:

Does your child have any chronic Medical Condition? Yes [] No []

(e.g., Asthma, Anaphylaxis i.e. severe allergy, Epilepsy, Diabetes etc)

If yes, give details

Medication

Give details of any other condition/illness/special needs which you feel could affect your child during the school day and should be brought to the attention of the class teacher:

Declaration:

We declare that the information provided by on this form is correct. We understand that all the information provided is treated confidentially.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Please ensure you have enclosed:

1. Copy of Birth Certificate Yes [] No []

2. Copy of Speech & Language Report/Occupational Therapy Report/Psychologist Report (if applicable) Yes [] No []

Parental/Guardian Consent:

Signature of Parent/Guardian 1: _____ Date: _____

Signature of Parent/Guardian 2: _____ Date: _____

I hereby give permission for my child in relation to the following: Please Tick ✓

Going on school tours, local educational visits/field trips and participating in school activities (e.g. matches, quizzes, choir etc)

On occasions such as Communion, Confirmation and other school events (sports day, funrun), local press photographers take group photos of children and in some instances identify the children by name. Do you agree to the school using your child's image in this way? (Please remember that removing a child from a photo of the rest of the class can be quite upsetting for the child).

Can we use your child's name (not photo) in relation to publicising school events and activities in our newsletter, website, and similar publications?

It is the school's policy to celebrate your child's work and achievements. As a result, images of your child and his/her work may appear on our website page. Best practice as stated in our 'Acceptable Internet Use Policy' will always be followed. At no stage will your child be identified by name (unless previously agreed with you). Usually, children will only be pictured at a distance and in groups. Do you agree to the school using your child's image in this way?

Most classes have an extra support teacher assigned to help all children in the class. On occasion, it may be necessary for organisational reasons to remove a group of children to another room to work with this teacher or the class teacher. (If your child is experiencing learning difficulties, you will be informed personally by the teacher.) Do you agree?

Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident?

On occasion we administer 'Diagnostic' tests (e.g., Neale Analysis, MIST, Belfield Infant Screening) to discover the educational progress of pupils. Should any concerns arise? following these tests, we will contact you. Do you agree to this?

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

Previous School _____

Address _____

Tel _____

Principal _____

Your child's Current Class _____

Teacher _____

Please enclose a copy of your child's most recent school report.

Is your child receiving Learning Support? Yes [] No []
If yes please tick areas support is provided in: Literacy [] Numeracy [] Other []

Does your child have an entitlement to Resource Teaching hours? Yes [] No []
If yes please include copies of Reports (Psychological/OT/Speech & Language etc)

Does your child receive English as a Second Language Resource hours? Yes [] No []

Please note: The Principal, on behalf of the Board of Management, will contact the Principal of the school from which the child is transferring to discuss the pupil's behaviour and academic progress. All information will be treated in the strictest of confidence.

Please ensure you have enclosed:

1. Copy of Birth Certificate: Yes [] No []
2. Copy of your child's most recent school report: Yes [] No []
3. Copy of Speech & Language Report/Occupational Therapy Report/ Psychologist Report (if applicable): Yes [] No []

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____