



Enrolment Form



Please note that under GDPR and Data Protection Guidelines, the information sought on this enrolment form is sought only so as to comply with our legal obligations as required by the Department of Education & Skills. This information will be held and processed with strictest confidentiality.

*The following documentation **MUST** accompany a fully completed, signed & dated application form which must be submitted no later than the closing date:*

- *Copy of the applicant's birth certificate*
- *Proof of address in the form of a utility bill in the name of one of the parents which must be dated no later than 6 months prior to the closing date*

Child's Details

Child's first name: _____.

Child's family name: _____.

(Name must be exactly as it appears on the birth certificate or passport. A copy of the child's birth certificate must accompany this enrolment form)

Child's date of birth (dd/mm/yyyy) _____. Gender: M: F:

PPS Number: _____.

Address: _____.

Eircode: _____

Nationality: _____.

Number of children in the family: _____. Names of siblings in school (if any)

_____.

Contact Details

In the event your child becomes ill during school time, we will contact parents. If either parent cannot be reached, we contact the emergency contact person. Therefore, please provide the name of a childminder/ relative or friend we can contact in the event we cannot contact the parents/ guardians.

Mother's Name: _____ . Home phone No: _____.

Mother's Mobile No: _____. Work No. (if applicable) _____.

Email Address: _____

Father's Name: _____.

Father's Mobile No: _____ . Work No. (if applicable) _____.

With whom does the child normally live?

Both parents: Father: Mother:

Other: (please specify) _____.

If your child resides with another person, please give their details:

Name: _____ . Home phone No: _____.

Relationship to the child: _____.

Mobile No: _____ . Work No. (if applicable) _____.

Emergency contact person: _____.

Mobile No: _____ . Work No. (if applicable) _____.

Are there any court orders in place regarding your child? Yes: No:

If yes, please give details: _____.

It is vital that you inform us of any changes of mobile, work or home numbers or changes of emergency person contact details should we need to contact you in an emergency.

Medical & Developmental History

Please list any problems your child may have in relation to health (e.g. allergies, asthma, epilepsy, sight, hearing, speech, fainting etc.), toilet training, pacifier use etc.

Please give details: _____.

_____ +

Has your child ever been referred to any of the following? Speech and language therapist, Eye/ Ear Specialist, Child Guidance Clinic, Psychological Services, Occupational therapist or any special education specialist? Please give details:

Educational History

Name of Nursery /Montessori / Playschool attended: _____

Dates attended: From _____ to _____.

For children transferring from another school, please give details of the previous school attended:

Name of school: _____ Phone No: _____.

Address: _____.

Dates attended: From: _____ to _____.

Current Class: _____ Reason for transfer: _____.

Please note that relevant information regarding your child's progress will be sought from your child's previous school. This is in accordance with Department of Education requirements with regard to a child's transfer to a new school.

<u>CONSENTS</u>		YES	NO
1	Do you consent for the teachers to administer First Aid if required for your child?		
2	Do you consent for the teachers in the school to contact emergency services if required for your child?		
3	Do you consent for the Special Education Teacher (SEN) to carry out educational tests if we are concerned about your child's learning?		
4	Do you consent for your child to participate in school trips? e.g. walks, school tours, matches, concerts, etc.,		
5	Do you consent for your child's work to be put on our website or blogsite e.g. pictures, poems, stories etc. (No names will be used)		
6	Do you consent to your child's photograph to be placed on the school website or blogsite? (No names will be used)		
7	Do you consent for newspapers to publish photographs that may include your child when they feature news from the school?		
8	Do you consent to your child to access the internet in accordance with our Internet ' <i>Acceptable Use Policy</i> ' and ' <i>Remote Learning Policy</i> '.		
9	Teaching of the Catholic Faith: I understand that St. Tola's N.S. is a Catholic School and wish my child to be taught the Catholic Faith		
<p>If NO, please read and answer question 10. If YES, please skip to the next section</p>			

10	<p><i>I understand that there is no compulsion on our/ my child to take part in the Religious Education classes in school. I understand that given the lack of extra supervision resources in school and the fact that it is a Catholic School, it will not be possible for my child to be outside the classroom during these lessons and that I, as a parent/ guardian must remove my child from the school if I do not want them to hear the Religion lesson or be part of any Religious related activity (e.g school masses, choir etc.) and return them after the activity.</i></p>		
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Other Relevant Information

Any other relevant Information about your child: _____.

_____.

During the year opportunities arise for parents to volunteer to help around the school. If you have any particular skill that you would be able to volunteer to the school please let us know by outlining below: e.g. sport's coaching, fitness/ dance, computer skills, art, knitting, plumbing, gardening, sewing, cooking, music, drama etc.

_____.

I/ we confirm that the above details are correct.

Signed: _____ Date: _____.

Signed: _____ Date: _____.