Scoil Muire, Letterfrack, Co. Galway.

Enrolment Form

**Name of Child** (in full, as on Birth Certificate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Country of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Childs PPS No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position of Child in the family:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number of children in the family:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Mothers Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fathers Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mothers Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fathers Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Present Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Present Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religious Denomination:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your child was Baptised please state where it took place:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Copy of Baptismal Certificate required for school records)*

**Previous Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **School** | **Address** | **Classes** | **Reason For Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Special Needs**

Has your child been assessed by:

Education Psychologist Yes \_\_\_\_ No \_\_\_\_

Speech / Language Therapist Yes \_\_\_\_ No \_\_\_\_

Occupational Therapist Yes \_\_\_\_ No \_\_\_\_

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Medical**

1. Does your child suffer from any illness that the school should be aware of? Yes No

 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does your child suffer from any allergy that the school should be aware of? Yes No

 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does your child require any medication that the school should be aware of? Yes No

 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### **Emergency Contact Numbers**

|  |  |  |
| --- | --- | --- |
| **Doctor’s name** | **Address** | **Phone Number** |
| 1. |  |  |

In the event of an accident or emergency a member of staff will use his or her discretion and bring your child to a doctor or hospital. Every effort will be made to contact you.

I authorize that at their discretion a member of staff may bring my child or children to a doctor or hospital if an emergency arises.

**Signed** **(Parent or Guardian):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collection from School**

Please give name and phone numbers of people who have permission to collect your child from school. **If there is any change in this routine please inform the school.**

|  |  |  |
| --- | --- | --- |
| **Name**  | **Relationship to Child** | **Phone Number** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

**School Emergency / Sickness / Unexpected Closure.**

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.

- An unexpected closure.

If such an event occurs and you are not contactable please provide the name, telephone and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Telephone Number** |
| 1. |  |  |
| 2. |  |  |

**Parental Permissions:**

I consent to my child’s participation in the RSE Programme:

**Parent or Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parent or Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screening tests (sight & hearing) are carried out by the Health Board on all children from Infants to 6th Class. I allow my child to participate in these tests.

**Parent or Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During your child’s time in Letterfrack NS 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 with their educational development. I give permission for any diagnostic tests to be carried out.

**Parent or Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission to allow my child to receive Learning Support / Resource if deemed necessary.

**Parent or Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission to allow my child’s photograph or image to be included in school related activities, competitions etc.

**Parent or Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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) and secondary schools.

**Parent or Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledged that I have received, read and accepted the Code of Behaviour Policy; Substance Use Policy; RSE Policy and Child Protection Policy of Letterfrack NS.

I wish to enroll my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I declare the above information to be correct and understand that it will be treated as confidential.

**Parent or Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Please ensure that you have included a Birth Certificate and a Baptismal Certificate (if applicable) with this form. These documents will be photocopied and returned to you.**

**FOR SCHOOL USE**

**Birth Certificate received: Yes \_\_\_ No \_\_\_**

**Baptismal Certificate received: Yes \_\_\_ No \_\_\_**

**Principal’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**