

## **ENROLMENT POLICY**

This policy was ratified by the Board of Management of Letterfrack NS in March 2003 and was reviewed by staff in January 2014 and presented to the Board of Management in February 2014 and will be reviewed again in 2017.

### **Section A. General Information**

#### **General Introduction**

This enrolment policy is being set out in accordance with the provisions of the Education Act (1998). The Board of Management trusts that by so doing parents will be assisted in relation to enrolment matters.

The principal teacher will be happy to clarify any further matters arising from the policy.

<b>School Name:</b>	Scoil Muire
<b>School Address:</b>	Letterfrack, Co. Galway
<b>Roll Number:</b>	13621G
<b>Telephone No:</b>	095 41034
<b>Email:</b>	<a href="mailto:letterfrackns@yahoo.ie">letterfrackns@yahoo.ie</a>
<b>Denominational Character:</b>	Catholic
<b>Name of Patron:</b>	Archbishop Michael Neary
<b>Range of Classes Taught:</b>	Junior Infants to 6 <sup>th</sup> Class

The school depends on the grants and teacher resources provided by the Department of Education and Science and it operates within the regulations laid down, from time to time, by the Department. School policy has regard to the resources and funding available.

The school follows the curricular programmes prescribed by the Department of Education and Science, which may be amended from time to time, in accordance with Sections 9 and 30 of the Education Act (1998).

#### **Enrolment Policy**

We operate an open 'door policy' to all children, obviously in the context of an 'open door' policy we prioritise the children in our own catchment area. Children with special needs/disabilities are all welcome provided adequate facilities and 'back up' services are provided by the D.E.S. and SENO

## **Enrolment of Children with Special Needs.**

In relation to application for the enrolment of children with special needs the Board of management will request a copy of the child's medical and/or psychological report or where such a report is not available, will request that the child be assessed immediately. The purpose of the assessment report is to assist the school in establishing the educational and training needs of the child relevant to his/her disability or special needs and to profile the support services required.

Following receipt of the report, the Board will assess how the school can meet the needs specified in the report. Where the Board deems that further resources are required, it will, prior to enrolment, request the Department of Education and Science to provide the resources required to meet the needs of the child as outlined in the psychological and/or medical report. These resources may include for example, access to or the provision of any or a combination of the following: visiting teacher service, resource teacher for special needs, special needs assistant, specialized equipment or furniture, transport services or other.

The school will meet with the parents of the child to discuss the child's needs and the school's suitability or capability in meeting those needs. Where necessary, a full case conference involving all parties will be held, which may include parents, principal, school inspector, class teacher, learning support teacher, visiting teacher, special class teacher, resource teacher for special needs or psychologist etc., as appropriate.

### **It may be necessary for the Board of Management to defer enrolment of a particular child pending:**

- the receipt of an assessment report; and/or
- the provision of appropriate resources by the Department of Education and Skills to meet the needs specified in the psychological and/or medical report.
- Junior Infants are formally enrolled in September.
- The child must be 4 years old before the 1<sup>st</sup> of September.
- Junior Infants class teacher will meet with parents in June, for a pre-enrollment workshop.
- All parents will receive a special pre-enrollment pack, which will include the enrollment form.

### **Provision of Key Information by Parents**

Certain information will be required when children are being enrolled. Parents will be required to provide this information before a child can be enrolled in the school. This information is specified in the schools enrolment form attached. Such information will include:

- Pupil's name, age and address:
- Names and addresses of pupil's parents/guardians:
- Contact telephone numbers:
- Contact telephone numbers in case of emergency:
- Details of any medical conditions which the school should be aware of;
- Details of special educational needs including assessments of these needs by psychologists, speech therapists, occupational therapist, medical specialists etc.
- Religion;
- Previous schools attended, if any, and reasons for transfer, if applicable; and
- Any other relevant information (including any such further information as may be prescribed under the Education Welfare Act (2000)).

### **General Enrolment:**

As a general principle and in so far as practicable having regard to the school's enrolment policy, children will be enrolled on application, provided that there is space available.

The Board will have regard for relevant Department of Education and Science guidelines in relation to class size and staffing provisions and/or any other relevant requirements concerning accommodation, including physical space and the health and welfare of children

### **Pupils Transferring**

Pupils may transfer to the school at any time, subject to school policy; available space and in some cases, the approval of the Department of Education and Science. It is a requirement of the Board of Management that information concerning attendance and the child's educational progress be communicated between schools (as per Education Welfare Act 2000). Pupils wishing to enroll at times other than on the enrolment day will be required to fill an Enrolment form.

# 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 6<sup>th</sup> 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:** \_\_\_\_\_