School Enrolment Form

Note: All forms must be completed in full and returned to the school.

Name of Child (in full, as on Birth Certificate) _____

Address at which child resides: _____

_____

Proof of address is required, e.g. ESB bill, Telephone bill.

Telephone No: _____

Date of Birth: _____PPS NO _____

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.**

Father's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Email address:

Mother's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Email address:

Guardian's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Is the child living with both parents Yes ☐ No ☐

Is there any legal order under Family Law that the school should know about? Yes ☐ No ☐

Please provide a copy of the court /legal order

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? Yes ☐ No ☐

Is the language spoken at home English or Irish Yes ☐ No ☐

Has your child ever received a speech and language report? _____

Has your child ever had a psychological assessment? _____

Name of brother/sister in this school: _____

Class: _____

If any of the above information changes please advise the school in writing.

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_____

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: _____

_____

_____

_____

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 _____ 2 _____

_____ _____

_____ _____

Tel/mobile: _____ Tel/mobile: _____

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 (Parent/Guardian) _____

Family Doctor (Only if you wish)

If any of the above information changes please advise the school in writing.

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?

_____

_____

_____

Has your child received all Vaccinations to date Yes ☐ No ☐

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 allow my child's teacher to contact preschool

Parents Signature: _____

I consent to my child's participation in the **RSE Programme**

Parents Signature: _____

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

Parents Signature: _____

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

Parents Signature: _____

During your child's time in St. Coen's N.S., 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.

Parents Signature: _____

I give permission to allow my child to attend the **Special Education** Teacher if deemed necessary. A member of the S.E.T team will be in contact you prior to initial commencement.

Parents Signature: _____

I give permission to allow my child's **photograph/image** to be included in school-related activities, competitions etc.

Parents Signature: _____

If any of the above information changes please advise the school in writing.

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.

Parents Signature: _____

I acknowledge that I have, read and accepted the Code of Behaviour, Anti-Bullying Policy, Internet Use Policy and Healthy Eating Policy of St. Coen's N.S. view on www.stcoens.com Having discussed and explained same with my child and I agree to abide by same.

I declare the above information to be correct and understand that it will be treated as confidential.

Signed:_____Date: _____

Please ensure that you have provided school with a Birth Certificate and Baptismal Certificate (if your child was Baptised). These documents will be photocopied and returned to you.

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

OPTIONAL INFORMATION

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories are taken from the Census of Population)

White Irish ☐ **Irish Traveller** ☐ **Roma** ☐

Any other White Background ☐ **Black or Black Irish-African** ☐

Black or Black Irish-Any other Black Background ☐ **Asian or Asian Irish Chinese** ☐

Asian or Asian Irish- Any other Asian background ☐ **Other (inc. mixed background)** ☐

No consent ☐

What is your child's religion?

Roman Catholic ☐ **Church of Ireland (incl. Protestant)** ☐ **Presbyterian** ☐

Methodist, Wesleyan ☐ **Jewish** ☐ **Muslim(Islamic)** ☐ **Hindu** ☐

Orthodox (Greek, Coptic, Russian) ☐ **Apostolic or Pentecostal** ☐ **Lutheran** ☐

Buddhist ☐ **Jehovah's Witness** ☐ **Atheist** ☐ **Baptist** ☐ **Agnostic** ☐

No Religion ☐ **Other Religions_____** **No Consent** ☐

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____Parent/Guardian Date: _____

If any of the above information changes please advise the school in writing.

OFFICE USE

Principal's signature: _____

Date: _____

Birth Certificate received: Yes ☐No ☐
Baptismal Certificate received: Yes ☐No ☐ Not applicable ☐

If any of the above information changes please advise the school in writing.