

**Scoil na Coróine Mhuire,
Áshford, Co. Wicklow.
www.scoilnacoroinemhuire.ie
Phone: 0404-40424**



School Enrolment Form

Intended Start Date

Year

Please tick as appropriate:

Scoil na Coróine Mhuire Autism Class	<input type="checkbox"/>	1 st	<input type="checkbox"/>	4 th	<input type="checkbox"/>
Junior Infants	<input type="checkbox"/>	2 nd	<input type="checkbox"/>	5 th	<input type="checkbox"/>
Senior Infants	<input type="checkbox"/>	3 rd	<input type="checkbox"/>	6 th	<input type="checkbox"/>

***Forms must be completed in full & returned to the school, along with a Birth Certificate. Recent utility bills may be required as proof of address at a later date. Completion of this form does not guarantee your child a place in the school.**

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

Name by which child is known: _____ Irish version of name: _____

PPS Number: _____ Male Female Date of Birth: _____

Address at which child resides: _____

Home Telephone No: _____

Nationality: _____ Country of Birth: _____

If not born in Ireland, date on which child arrived in Ireland: _____

Mother's Nationality: _____ Father's Nationality: _____

Is either parent a Past-pupil of Scoil na Coróine Mhuire, Ashford? Yes No

***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: _____

Position of child in family (1st, 2nd, 3rd, etc) _____ Number of children in the family: _____

Firstname(s) of brother(s)/sister(s) in this school: _____ Class (es): _____

Did your child attend preschool: _____ For how long: _____

Where? _____

Is your child's mother tongue English or other? _____

Has your child ever had a psychological assessment? _____

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

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 or if there are further names **please inform the school in writing.**

Person who usually collects child (ren)

_____ Phone _____
_____ Phone _____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are also 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.**

Is the child living with both parents? _____

Are there any legal orders regarding guardianship that the school should be aware of or any other relevant information: _____

If there is any change in the above situation it's important that the school is informed immediately

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 and 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 and/or the school is unable to contact me I'm nominating two additional contacts with addresses. We may 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 may use his/her discretion and bring your child to a Doctor/Hospital.

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

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? _____

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. We will include this in our Healthcare Plan.

Does your child have an allergic reaction to medication or food? If so please state the name of this allergy. _____

Is there any other relevant information about your child/children which we should know? _____

I consent to my child's participation in the RSE 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 Scoil na Coróine Mhuire, Ashford, 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 Learning Support/Resource teacher if deemed necessary (this will be discussed with Parents in advance).

Parents Signature: _____

I give permission to allow my child's photograph/image to be included in school-related activities, competitions, on school website, local & national newspapers, newsletters and other such publications.

Parents 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), etc.

Parents Signature: _____

I acknowledge that I have read and accepted the Code of Behaviour, Anti-Bullying Policy & Internet Use Policy of Scoil na Coróine Mhuire, Ashford. I have discussed and explained these with my child and I agree to abide by same. The policies are available at www.scoilnacoroinemhuire.ie or alternatively a hard copy can be collected from the school secretary if required

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

Signed: _____

Date: _____

Please ensure that you have included an original Birth Certificate with this form. These documents will be photocopied and returned to you.

Principal's signature: _____

Date: _____

I/We consent for this information to be stored on the Primary Online Database (Pod) and transferred to the Department of Education & Skills and to other primary schools my/our child (ren) may transfer to during the course of their time in primary school. I understand this process will only be commenced if my child is accepted into the school.

Signed: _____ Date: _____

Office Use Only

Date Received Intended Start Date Cláruimhir

Birth Certificate received: Yes No

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

Previous School: _____

Address: _____

Telephone: _____

What class was your child in when he/she left the school? _____

Reason for Transfer: _____

Have you enclosed a copy of the most recent school report and attendance record? Yes No

N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school. Proof of address e.g. recent utility bill must accompany application.

General School Policy and Code of Behaviour	<input type="checkbox"/>
Internet Permission Form	<input type="checkbox"/>
RSE Policy Consent Form	<input type="checkbox"/>
Substance Use Policy Consent Form	<input type="checkbox"/>
Medical Form	<input type="checkbox"/>
Enrolment Application Form	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>

Note: We require reports from previous schools in order to meet the needs of your child.

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may affect your child at school

Has your child any physical or mental disabilities? If so are there any specific equipment/resources that the school will require for your child?

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