

Scoil Íosagáin Enrolment Form

Enrolment for Sept. _____ (year)

First Name (as on birth cert.) _____ Surname (as on birth cert.) _____

Mother's Maiden Name: _____ P.P.S. No: _____

Address: _____ Email address: _____

Date of Birth: _____ Telephone No: _____

Names of Parent(s) / Guardian(s): _____

Number of Children in the family: _____ Position of child in the family (1st, 2nd, etc.) _____

Religion: _____

Do you give permission for information on religion to be given to the Department of Education: Yes ____ No ____

Nationality: _____

Country of Birth _____

Ethnic / Cultural Background: Please tick only ONE of the following:

- | | | | | | |
|-------------------------------|--------------------------|--|--------------------------|--|--------------------------|
| White Irish | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Roma | <input type="checkbox"/> |
| Any Other White Background | <input type="checkbox"/> | Black/Black Irish-African | <input type="checkbox"/> | Black/Black Irish/Any Other Black Background | <input type="checkbox"/> |
| Asian/Asian Irish-Chinese | <input type="checkbox"/> | Asian/Asian Irish-Any Other Asian Background | | | |
| Other (Inc. Mixed Background) | <input type="checkbox"/> | No Consent | <input type="checkbox"/> | | |

Do you give permission for information on cultural background to be given to the Department of Education: Yes ____ No ____

Is English the main language spoken at home? Yes ____ No ____

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 _____ Date _____

Previous School Attended: _____

Does the pupil have special educational needs? Yes ____ No ____

If yes, please give details: _____

Has your child ever had a psychological assessment? Yes ____ No ____

Has your child ever received a speech and language report? Yes ____ No ____

I give permission for my child's test results from his previous school to be passed on to this school and to his progress being discussed by the Principal where necessary. Signed: _____

I give permission for all reports on my son, held in his previous school to be passed on to Scoil Íosagáin

Signed: _____

During your child's time in Scoil Íosagáin, 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.

Signed: _____

If deemed necessary, I give permission to allow my child to attend the Learning Support / Resource Teacher.

Signed: _____

I consent to my child's participation in the RSE Programme. Signed: _____

I consent to my child's participation in the Stay Safe Programme. Signed: _____

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

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.) Signed: _____

Medical Details

Does your child have any medical condition? Yes _____ No _____

If yes give details: _____

Does your child take medication for this condition? Yes _____ No _____

Does your child carry medication to school? Yes _____ No _____

Who will be responsible for ensuring that he takes his medication during school hours? _____

Please note: It is school policy that school staff WILL NOT administer medication.

In case of an emergency, who should be notified? (Please supply three names and phone numbers in case the first person cannot be contacted.)

1) Name _____ Phone No: _____ Relation to child _____

2) Name _____ Phone No: _____ Relation to child _____

3) Name _____ Phone No: _____ Relation to child _____

It is the responsibility of parent(s) / guardian(s) to notify the school of any food allergies. Does your child have an allergic reaction to food? Yes _____ No _____

If yes, please give details: _____

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

In case of a serious accident or severe injury, your child will be brought directly to the hospital by ambulance.

I indemnify the Board of Management of any liability that may arise regarding the administration of any medicines in school. The Board of Management will inform the schools' insurance accordingly.

Signature of Parent / Guardian _____ Date _____

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

Code of Behaviour acceptance Statement

We have read the Code of Behaviour and are willing to accept it, both in principle and in practice.

Signed: _____ Parent(s) / Guardian(s) Date: _____