

**St. Mary's National School
Enrolment Form**

Any information you give on this form will be treated with the strictest confidence and only used to evaluate your child's needs prior to enrolment. Filling in this application form does not guarantee a place in our School. Your application will not be accepted unless you enclose your child's original Birth Certificate. **FAILURE TO DISCLOSE ALL RELEVANT INFORMATION MAY RENDER THIS APPLICATION NULL AND VOID**

USE BLOCK CAPITALS PLEASE

1. Name of child as on Birth Certificate: _____ Male/Female: _____

2. Mother's maiden Surname: _____

3. Name and standard of siblings already in the school: _____

4. Number of children in the family: _____ 5. Placing of child (1st, 2nd etc.): _____

6. (a) PARENTS/Guardians: The following information on both parents is needed for registration purposes.

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Nationality: _____

Nationality: _____

Mobile No: _____

Mobile No: _____

Language/s spoken at home: _____ Date of arrival in Ireland: (if applicable) _____

(b) With whom does the child normally reside: Name/s: _____

(c) Is the family a one-parent family (this includes one parent, separated and widowed families)? _____

7. Home Address: _____

8. Home Phone No.: _____ 9. Mobile No. for "text-a-parent": _____

10. 1st contact person if parent not available: Name: _____

Phone No. _____

2nd contact person if parent not available: Name: _____

Phone No. _____

11. Date of Birth: _____ **PLEASE ATTACH ORIGINAL BIRTH CERTIFICATE**

PLEASE
ATTACH A PASSPORT
PHOTO

Digital Photo

Accepted

12. Religion: _____ Place of Baptism (If applicable): _____

PLEASE ATTACH COPY OF BAPTISIMAL CERTIFICATE if child is baptised outside the parish.

Country of Birth: _____ Are you a traveller ? YES NO

13. Child's P.P.S. No. : _____ (The P.P.S. number is required by the Department of Education & Skills for registration purposes).

Medical Card Number (if applicable) _____

14. Name and address of pre-school or previous school attended: _____

15. Phone no. of previous pre-school/school: _____

I give permission to Ms. Travers - Hind(Principal) and relevant members of staff of St. Mary's National School to discuss the needs of my son/daughter, with the Manager/Principal of the pre-school/school listed above.

Yes	No
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16. Name and phone no. of Family Doctor: _____

17. Has your child ever been referred to a specialist by your doctor? Yes No

If yes, please give brief details of referral: _____

18. Has your child any special medical needs i.e. allergies, asthma, etc.: Yes No

If yes, please give brief details: _____

19. Does your child appear to have any difficulties with the following:

Hearing:	<input type="checkbox"/> Yes	Speech:	<input type="checkbox"/> Yes	Vision:	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No

If you have answered yes to any/all of the above please give details (use the back of this sheet if necessary)

20. Has your child been assessed or referred for psychological assessment i.e. behaviour, emotional etc.?

If yes, please attach all relevant details and reports.

21. Has your child any special educational requirements i.e., Speech Therapy, Occupational Therapy etc.?

If yes, please give brief details: _____

22. Do you give permission for your child to go on school trips under teacher supervision during the school day e.g. trips to the local town park, local historical buildings etc.

23. Do you give permission for your child to be withdrawn from class for assessment, accessing extra support and/or participating in in-class support with a member of the SEN (Special Educational Needs) Team.

24. Sometimes journalists visit our school to take pictures/videos of the children e.g. awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, local newspapers and school related activities?

The Board of Management cannot be held responsible for pictures/video taken by parents at outings, celebrations, school performances etc.

25. Please visit our school website www.stmarysprimaryschoolathlone.ie. Do you give permission for your child's photos/videos to be used on the school website?

26. Sometimes the school is requested to pass on names of children and their addresses to the Health Board for immunisation purposes; to schools when children are transferring to another school; to sporting bodies when children are taking part in games outside the school. Information Data is also stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills. This information includes: name, addresses, PPS number, ethnic/cultural background and religion. Do you allow the school to pass on this information to these

Yes

No

27. The school teaches Relationship and Sexuality education (RSE) using the guidelines provided by the Department of Education and Science. If you would like to view the content of the programme used in the school for teaching RSE you are welcome to do so. If you have any concerns with regard to RSE please tick this box so that an appointment will be made with the Principal to discuss your concerns.

Yes

No

28. In case of serious accident/illness/emergency I give permission to the teachers in charge to take the child to the nearest doctor.

Signed _____

28. I have read and understand d the school rules for responsible internet use and give permission for my child to access the internet. I understand the school will take all responsible precautions to ensure pupils cannot access inappropriate materials. I understand the school cannot be held responsible for the nature of the content of materials accessed through the internet. I agree that the school is not liable for any damages arising from use of the internet facilities.

Signed _____

29. Is there any other information you would like us to know:

In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies. I agree to support the staff in their effort to provide a positive learning experience for all children in the school.

1st Parent/Guardian's signature: _____

2nd Parent/Guardian's signature: _____

IF ANY OF THE DETAILS IN THIS FORM CHANGE – FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY

Signature of parent/guardian: _____

Date of application: _____

PLEASE DON'T FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS.