



ENROLMENT FORM 2023/2024

REGISTERED NUMBER: _____

DATE ENROLLED: _____

CHILD'S PERSONAL DETAILS

| | |
|---|---|
| Child's Surname: | Child's First Name: |
| Male / Female: | Date of Birth: |
| PPS No.: | Mothers Maiden Name: |
| Irish version of Name: <i>(otherwise school will translate)</i> | |
| Home Address: <i>(please include Eircode)</i> | |
| Nationality: | Year of arrival in Ireland(if applicable): |
| Main Language Spoken at home: | Other languages spoken at home: |
| No. of children in family: | Place in the Family: |
| Names of siblings in the school: | Names of siblings who are past pupils: |

ADDITIONAL INFORMATION FOR PRIMARY ONLINE DATABASE (POD):

| To which ethnic or cultural background group does your child belong (please tick one)? <i>Categories are taken from the Census of Population</i> | What is your child's religion? |
|--|---|
| White Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White Background <input type="checkbox"/> Black African <input type="checkbox"/> Black Irish <input type="checkbox"/> Any other Black Background <input type="checkbox"/> Asian or Asian Irish <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian Background <input type="checkbox"/> Other (inc. mixed background) <input type="checkbox"/> No consent <input type="checkbox"/> | Roman Catholic <input type="checkbox"/> Church of Ireland (inc. Protestant) <input type="checkbox"/> Presbyterian <input type="checkbox"/> Methodist <input type="checkbox"/> Wesleyan <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim(Islamic) <input type="checkbox"/> Orthodox (Greek, Coptic, Russian) <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Apostolic or Pentecostal <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Lutheran <input type="checkbox"/> Baptist <input type="checkbox"/> Atheist <input type="checkbox"/> Agnostic <input type="checkbox"/> Other Religions <input type="checkbox"/> No Religion <input type="checkbox"/> No Consent <input type="checkbox"/> |

I give 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: _____

PARENT/GUARDIAN INFORMATION

| | | | | |
|--|--------------------------|-------------------------------|--------------------------|--------------------------|
| Mother's Name: | | Father's Name: | | |
| Nationality: | | Nationality: | | |
| Mobile Phone No.: | | Mobile Phone No.: | | |
| Work / Home Phone No.: | | Work / Home Phone No.: | | |
| E-mail Address: | | E-mail Address: | | |
| TEXT A PARENT MOBILE NUMBER: | | | | |
| E-MAIL ADDRESS FOR SCHOOL NEWSLETTERS: | | | | |
| Child Resides With: | Both Parents | Mother | Father | Guardian |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If there is shared custody, please give second address: | | | | |
| If there are any orders or other arrangements in place governing access to, or custody of the child, please provide copy where applicable | | | | |

OTHER INFORMATION

In the interest of the pastoral care of your child, it would be helpful for us to be informed regarding educational difficulties, health, bereavement, domestic circumstances etc. Please contact the principal or class teacher.

Children sometimes need to be taken home due to illness. Please provide a contact name of a relative, neighbour or friend in the event that we are unable to contact either parents:

| | |
|-------------------------------|------------------|
| Contact Person 1: | Home No.: |
| Relationship to child: | Mobile: |

| | |
|-------------------------------|------------------|
| Contact Person 2: | Home No.: |
| Relationship to child: | Mobile: |

MEDICAL DETAILS

| | |
|---|----------------------------|
| Doctor's Name: | Doctor's Phone No.: |
| Doctor's Address: | |
| Is your child allergic to any medication that might normally be used to treat emergency illness/accident? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| List any problems your child may have in regard to health e.g. sight, hearing, speech, toilet training, diabetes, epilepsy etc | |

Does your child have any allergies that the school needs to be made aware of? If yes, please give necessary details

Does your child have a medical, physical, emotional or intellectual disability? If yes, please give details

Does your child have any behavioural difficulties? If yes, please give necessary details

If your child requires medication to be administered during the school day, permission must be sought from the BOM and an indemnity form signed. Staff must be trained in the administration of any medication.

Will you be submitting a request to the school to administer medication to your child?

Yes No

Please give details:

EDUCATIONAL DETAILS

Name & Address of Pre-School Attended:

Previous School Attended:

Name:

Address:

Contact No:

Principal's Name:

Class Level completed to date:

Reason for leaving this school:

Has your child a Psychological Report?

Yes No

Has your child a Speech and Language Report?

Yes No

Has your child a report from an Occupational Therapist?

Yes No

If yes to any of the above, please forward a copy of the relevant report to the school and alert the principal

Has your child or does your child attend a Speech and Language Therapist?

Yes No

If yes, please give details:

In a previous school:

Was your child in receipt of Support from the Special Education Team?

Yes No

If yes, please describe the nature and frequency of the support:

Has your child been granted access to a Special Needs Assistant by the NCSE?

Yes No

Developmental Checklist: please tick as appropriate

| | Satisfactory | Unsatisfactory | Please comment if necessary |
|--------------------------|--------------|----------------|-----------------------------|
| Vision | | | |
| Hearing | | | |
| Physical Co-ordination | | | |
| Speech (articulation) | | | |
| Speech (expression) | | | |
| Language (comprehension) | | | |
| Temperament | | | |
| Social ability | | | |
| Concentration | | | |
| Any other information | | | |

PARENTAL CONSENTS

| | |
|-----|---|
| 1. | I give permission for my child to attend supervised school outings, sporting events, local walks and matches etc. during school hours <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | I consent to my child's work/photograph/video clip being published in relation to school events in (a) school print productions (b) local/national press (c) on the school website/Twitter page/Youtube Channel/ Instagram and (d) other school related agencies/initiatives <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | I consent to my child having a profile on Seesaw, which is the online platform used by the school when distance learning is required <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | I understand that from time to time, my child will visit the church for Sacramental preparation, attendance at services and preparation for church events and I consent to this <input type="checkbox"/> Yes <input type="checkbox"/> No Note: The school may not be in a position to facilitate the supervision of children who are not given consent to the above mentioned activities |
| 5. | I agree to accept and abide by the Schools policies and procedures and in particular the SCN Code of Behaviour, Attendance, Healthy Eating, Acceptable Internet Use and Anti-Bullying policies and have discussed and explained the same with my child <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | I consent that my child may receive any necessary medical care from a doctor, ambulance crew, hospital etc. in the event of an accident or illness occurring, where the school is unable to contact parents/guardians <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | I consent to my child's clothes being changed by school staff if they become soiled or wet <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | I consent to my child attending a Special Education Teacher for educational screening and diagnostic tests <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | I consent to the school contacting my child's pre-school for information in relation to my child's pre-school education <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | I consent to my child's school report inclusive of attendance statistics, special educational needs (SEN), school SEN interventions (if any) and enrolment data being shared with other primary and secondary schools upon transfer <input type="checkbox"/> Yes <input type="checkbox"/> No |

PARENT CONTRACT

I have read and understood the above consents.

I wish to enrol my child in Scoil Chroí Naofa.

I undertake to see that my child will attend school punctually and regularly.

I have read and understood the Schools Prospectus, which is also available on the School Website and I undertake that my child will comply with all rules and policies.

I understand that every child in Scoil Chroí Naofa will probably have to be placed in a combined class setting at least once in their primary school cycle. I also understand that at all levels where there is more than one class, the makeup of the class never stays the same from year to year.

By signing below, I am giving explicit consent to Scoil Chroí Naofa Athenry to confirm and retain and use the information I have provided for the educational benefit of my child:

Yes No

Please ensure that you have read and completed all sections of the application form and attach a copy of your child's Birth Certificate, Baptismal Certificate and any other professional reports.

SIGNED: _____ DATE: _____
Parent/Guardian

SIGNED: _____ DATE: _____
Parent/Guardian

Documents Enclosed:

- Copy of Birth Certificate (*compulsory*)
- Copy of Baptismal Certificate (*if applicable*)
- Professional Reports (*if applicable*)
- Copy of Custody Agreement (*if applicable*)