



Dromleigh N.S., Kilmichael **Application for Enrolment**

Child Details

Child's Forename: _____ Child's Surname: _____

Gender: Male Female

Date of Birth: *(Please attach Birth Cert)* _____

Child's Home Address: _____

Home Telephone Number: _____

Nationality: _____ Child's First Language: _____

Child's P.P.S. number: _____

Place of Baptism *(Please attach Baptismal Cert if baptised outside the parish, if R.C.):* _____

Previous school or playschool attended: _____

Names and Class of brothers/sisters already in the school: _____

Eircode _____

Parents/Guardians

Parent 1/Legal Guardian's First Name: _____

Parent 1/Legal Guardian's Last Name: - _____

Parent 1's Maiden name (if applicable): _____

Mobile No: _____ Work No: _____

Address: _____

Nationality: _____ Occupation: _____

E-Mail Address _____

Parent 2 /Legal Guardian's First Name: _____

Parent 2/Legal Guardian's Last Name: - _____

Parent 2's Maiden name (if applicable): _____

Mobile No: _____ Work No: _____

Address: _____

Nationality: _____ Occupation: _____

E-Mail Address _____

Text-a- Parent Mobile Number _____

With whom does the child normally live? Both parents Mother Father

Does any legal order under the family law exist that the school should know about? _____

If 'yes' is there any person into whose custody your child should not be given? Please attach details. (Please provide the school with a copy of any document that is relevant to school/education)

Contact Details

In the event that neither parent/guardian is contactable, the people below can be contacted.

Name	Phone No	Relationship to child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Should any of these numbers change please inform us immediately.

In the event of an emergency, should we fail to contact you, do you give permission to bring your child to the doctor on duty/and or hospital?
Yes No

Health

Child's Doctor: _____ Phone No: _____

Is your child allergic to any medicine/substance? _____

If yes give details: _____

Does your child have any medical, physical or emotional problems which might affect his/her ability to learn or to interact with the staff and students? Yes No

If 'yes' please specify any health problems or allergies that the school should be aware of:

Please give details of
Hearing or Sight defects _____

Speech or Language difficulties _____

Does your child have any special needs? Y N

If yes, please give details

Does your child have any behavioural difficulties? Y N

If yes, please give details

Has your child ever attended: (a) Speech Therapist Y/N
(b) Occupational Therapist Y/N (c) Psychologist Y/N (d) Counselling Y/N
(e) Social Worker Y/N (f) Other (Give Details) _____

If there are written reports in relation to any of the above, a copy must be provided to the school

Other Information

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

Consents:

1. Do you give permission for your child to participate in school trips e.g. Walks, school tours, football matches etc.? Yes No

2. Do you give permission for your child's photo/video/ work to be put on the school website and on the School's Facebook page?

Do you give permission for newspapers/magazines to publish photographs that may include your child when they feature news from the school? (Note many commercial media have online platforms)

Yes No (no names will be used with photographs)

(See Acceptable Use policy on the School's Website or contact the School for a hard copy)

The Board of Management cannot be held responsible for photos/videos taken by parents at school celebrations and concerts.

3. Standardised testing is done with all pupils from Infants to 6th class. Your child may also participate in individual Diagnostic Testing to better assist their educational achievement. Please indicate if you give permission for your child to partake in these tests.

Yes No

4. As a follow up to diagnostic testing, learning support may be deemed appropriate following consultation. I give my permission for this. Yes No

I, the undersigned,

- am aware that the school teaches the Stay Safe Programme and the Relationship and Sexuality Programme, both which are part of the Department of Education & Skills Social and Personal Health Education curriculum.
- Am aware that the information on this form will be stored on the school's data management system and the Department of Education's Primary Online Database
- May be shared with the HSE (i.e. name and contact details for scheduling health screening such as hearing, vision, dental, etc.)
- May be shared with secondary schools when children are transferring to second level or to sporting bodies when children are taking part in games outside the school.

I have read and understood the above consents. I wish to enroll my child in Dromleigh N.S. I certify that the information I have given is correct. I undertake to see that my child attends school punctually and regularly.

By signing this enrolment form, I/We accept the school's Code of Discipline and Behaviour and all relevant policies and procedures implemented in Dromleigh N.S., Kilmichael. Policies are available on the school website or to view in the school by request.

Parent's/Guardian's Signature(s) _____ Date _____

Parent's/Guardian's Signature(s) _____ Date _____

In the event of only one signature:

_____ 's other parent/guardian is fully aware of and in agreement with this enrolment and is in agreement with the consents, terms and conditions as outlined.

Signature _____ Date _____

The Department of Education & Skills has developed an electronic database for Primary Schools. The DES require a small amount of information to fully register your child on the Primary Online Database (POD). Could you please complete the form below?

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

(Categories based on the Census of Population)

White Irish		Irish Traveller		Roma	
Any other White Background		Black or Black Irish - African		Black or Black Irish - Any other Background	
Asian or Asian Irish		Chinese Asian or Asian Irish		Any other Asian Background	
Other		No Consent			

What is your Child's religion?

Roman Catholic		Church of Ireland (incl. Protestant		Presbyterian		Methodist, Wesleyan	
Jewish		Muslim (Islamic)		Orthodox (Greek, Coptic, Russian)		Apostolic or Pentecostal	
Hindu		Buddhist		Jehovah's Witness		Lutheran	
Atheist		Baptist		Agnostic		Other Religions	
No Religion		No Consent					

I consent for the sensitive personal data in the two previous questions 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: _____

Please return this form to the school, with your child's Birth Certificate/ and Baptismal Certificate if your child was baptised outside the parish (If R.C.). These documents will be returned to you.