

Application for Enrolment

St. Colman's N.S

Stradbally



St. Colman's N.S

STRADBALLY

Application for Enrolment

(Please complete in block writing)



Class for which you are applying: _____

Date you would like your child to start in school: _____

Child's Details

Family Name: _____

First Name: _____

Address: _____

EirCode: _____

The address given must be the address at which the child /parents normally resides. Please attach a copy of a recent utility bill ie. Electricity, gas, water dated within the last month.

Gender: M F Date of Birth: _____

(Please attach copy of birth certificate)

Child's PPS Number: _____ Nationality: _____

If this child was born outside Ireland, please give the following details

Year of arrival in Ireland: _____ Previous Education: _____

Level of English: _____

Is English the spoken language in the home Y N

Other Children currently in school or previously in school:

Name: _____

Class: _____

Name: _____

Class: _____

Name: _____

Class: _____

Religion: _____

(If Roman Catholic please give the following details for sacramental programmes)

Date of Baptism: _____ Name & Address Parish of Baptism: _____

Copy of Baptismal Cert Attached: Y N

Family Details

No. of Children in family: _____ Position of child in family _____

Father's/Guardian's Name _____

Occupation _____ Work no _____

Mobile No. _____

Mother's/Guardian's Name & Mobile No. _____

Occupation _____ Work no _____

Names & Contact Details of all other legal guardians: _____

Child's Principal address: _____

Do you wish to be included in the school's Text a Parent service: Y N

Mobile Number school texts are to be sent to: _____

The school uses email for online payments, newsletters and other school notices. Do you wish to be included in this service and receive emails from the school: Y N

E-mail address for school correspondence: _____

Parents Marital Status: _____

Enter Married, Single, Separated, Widowed etc.

Detail of any legal orders affecting family: _____

In the event of an emergency and both mother and father are out of telephone contact, either of the following can be contacted:

Name: _____

Name: _____

Tel. No. _____

Tel. No. _____

Address: _____

Address: _____

Health

Family Doctor: _____ Phone No: _____

Please give details of any health problems or allergies that the school should be aware of: _____

Please give details of hearing or sight defects: _____

Please give details of any speech or language difficulties: _____

Details of any medication prescribed for this child: _____

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: _____

If this child has attended any of the following please circle the relevant answer.

Speech Therapist Y N Psychologist Y N

Social Worker Y N Occupational Therapist Y N

Details of any other agency attended by the child: _____

If there are written reports in relation to any of the above please provide the school with a copy.

Education

Please complete this section of the form where applicable with the Principal of your child's school. Our school will contact your child's previous school to ensure details are accurate.

Attended Pre-school: Y N

Name and Address of Pre-School attended : _____

Name and Address of Previous Primary School: _____

Phone No. of School: _____

Reason for leaving this school: _____

Is your child in receipt of any of the following services:

- | | | |
|------------------------------------|---|---|
| • Learning Support: | Y | N |
| • English Language Support: | Y | N |
| • Resource Teaching | Y | N |
| • Special Needs Assistant Support: | Y | N |

If you have answered Yes to any of the above please give details of support:

Any other educational needs the school should be aware of: _____

Please ensure this section has been stamped by the school and signed by the Principal.

School stamp:

Principal's Signature: _____

Consents

I/we 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:

Y N

I/we consent to my child's clothes being changed by school staff if they become soiled or wet:

Y N

I/we consent to my child going on supervised school outings such as sports events, Dunamaise Theatre, Parish church, school tours etc.

Y N

I/we consent to the taking of school related photographs of our child which may be submitted to local/national media or used on the school website.

Y N

I/we consent to in-school educational screening tests for my/our child eg. Belfield, Mist, Micra-T, Sigma-T.

Y N

I/we understand and confirm that I/we are aware that the school uses a secure Irish cloud-based management/pupil information system, called Aladdin Schools, to administer information relating to pupil data (eg. Contact details, attendance) and that in making this application I/we are consenting to its usage. Further information can be found at www.aladdin.ie

I/we, the undersigned, confirm that I/we are aware that the data relating to this application will be kept on file in the school and consent to it being used by School Management in the election of Parents/Guardians to the school Board of Management.

I/we understand & consent that the data on this form will be uploaded to the Department of Education and Skills Primary Online Database for pupils.

I/we are also aware & consent that the data relating to this application and subsequent educational data relating to this data subject may be disclosed, as appropriate/required, to

- The Department of Education and Skills
- The Health Service Executive
- First and second level transfer schools.

I/we have read and understood the above consents. I/we wish to enrol my/our child in St. Colman's N.S Stradbally, Co. Laois . I/we undertake to see that my/our child will attend school punctually and regularly. I/we have received and understood the school's information booklet and I/we undertake that I/we and my/our child will comply with all school rules and policies.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Please ensure you have completed all sections of the application form and attach a copy of your child's birth certificate and a utility bill as proof of address.

Incomplete applications will not be considered.

For Office Use Only

| | |
|--|-------------------------------------|
| Date application received: _____ | <i>Transfer from another school</i> |
| Date of reply: _____ | Name of school: _____ |
| Place offered: Y N | Address: _____ |
| Date offer accepted: _____ | Date school notified: _____ |
| Date offer refused: _____ | |
| Clár Uimhir: _____ | Class: _____ |