



# St. Macartan's N.S.

Sheil Avenue, Bundoran, Co. Donegal.

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## Application to Enrol

(A copy of Birth Certificate **must** accompany this form)

Pupil Forenames : \_\_\_\_\_

(Exactly as on Birth Certificate)

Pupil Surname (s): \_\_\_\_\_

(Exactly as on Birth Certificate)

Pupil Name in Daily Use: \_\_\_\_\_

(If different from above, for example "PJ for Patrick-Joseph," "Vikki for Victoria")

Gender: Male  Female

PPSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Compulsory-required by Dept. of Education and Skills)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

(Compulsory-required by Dept. of Education and Skills)

Nationality: \_\_\_\_\_ Main language spoken at home: \_\_\_\_\_

Parents' Contact Phone numbers (Please include emergency contact if parent(s) unavailable):

Name	Number	Relationship to child

Email address for correspondence: \_\_\_\_\_

Was your child in a preschool/playschool or primary school before? Yes  No

If "Yes" Name and address of the (Play) school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any Special Needs or Medical Conditions? Yes  No

If "Yes" please provide the school with details on a separate page

Who is your child's GP? \_\_\_\_\_

I consent for my child to participate in:

- Stay Safe
- R.S.E.
- Events outside school premises (For example Nature walks, School tours etc.)

The school needs the following information. Do you consent to share the following information with the Dept. of Education and Skills and for them to store it? Yes  No

What religion is your child? \_\_\_\_\_

If Roman Catholic, where and when (approximately) was your child baptised?

\_\_\_\_\_

To which ethnic or cultural background does your child belong (as per census)?

White Irish  Irish Traveller  Roma  Any other white Background

Black African  Any other black background  Chinese

Any other Asian  Other (inc. mixed background)

By signing and submitting this form I/we agree:

- That if our child is accepted it will be in accordance with the school's Admissions Policy.
- That if our child is seriously unwell or has had an accident and I/we are not contactable the school may bring my/our child for emergency treatment (Nurse, GP or hospital)
- To adhere to and support all current school policies and any future policies and/or amendments including the school's Code of Discipline.
- If my/our child comes from or goes to another primary school at any stage, both schools will share all relevant information.

Signed: \_\_\_\_\_

(Parents/Guardians)

Date: \_\_\_\_\_