

## Scoil Cholmcille Senior National School, Donaghmede.

## Application for Enrolment

PLEASE COMPLETE USING BLOCK CAPITALS

Year of Entry:

|   |                                   | LĽ                  |             | <u> </u>   | Uľ          | <u>VI P</u>                  | L  | <b>₺ 』</b> . | Ľ.        | U                  | SING BI     | $\mathcal{M}$ | <u>K</u> | Ú.       | Aľ  | 1                              | $\mathbf{A}$              | Li  | <u> </u> |   |            |      | <u>Y</u> ( | <u>:a</u> 1 | r <b>o</b> i | <u> </u> | nt | ry: |  |   |
|---|-----------------------------------|---------------------|-------------|------------|-------------|------------------------------|--|--------------|-----------|--------------------|-------------|---------------|----------|----------|-----|--------------------------------|---------------------------|-----|----------|---|------------|------|------------|-------------|--------------|----------|----|-----|--|---|
| *Child's Name & Surname:  |                                   |                     |             |            |             |                              |  |              |           | *Date of Birth:    |             |               |          |          |     |                                | *PPS Number:              |     |          |   |            |      |            |             |              |          |    |     |  |   |
| *Gender:  |                                   |                     |             |            |             |                              |  |              | +         | *Country of Birth: |             |               |          |          |     |                                |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
| Address:  |                                   |                     |             |            |             |                              | Number of years living in I  |              |           |                    |             |               |          |          |     | ı Ir                           | reland if not born here:  |     |          |   |            |      |            |             |              |          |    |     |  |   |
|   |                                   |                     |             |            |             | Parish of Residence:         |  |              |           |                    |             |               |          |          |     |                                |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
| *Religion:  |                                   |                     |             |            |             | Siblings already enrolled in |  |              |           |                    |             |               |          |          |     | ı this school:                 |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
| *Religion: Class to be enrolled in:   |                                   |                     |             |            |             | *Language spoken at home:    |  |              |           |                    |             |               |          |          |     |                                |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
|   |                                   |                     |             |            |             |                              |  |              |           |                    | <u> </u>    |               |          |          |     |                                |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
| Mother's Name:  |                                   |                     |             |            |             | Father's Name:               |  |              |           |                    |             |               |          |          |     |                                | <b>Emergency Contact:</b> |     |          |   |            |      |            |             |              |          |    |     |  |   |
| *Maiden Name:   |                                   |                     |             |            |             |                              |  |              |           |                    |             |               |          |          |     |                                |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
| Address:  |                                   |                     |             |            |             | Address:                     |  |              |           |                    |             |               |          |          |     |                                | Address:                  |     |          |   |            |      |            |             |              |          |    |     |  |   |
|   |                                   |                     |             |            |             |                              |  |              |           |                    |             |               |          |          |     |                                | Relationship to Child:    |     |          |   |            |      |            |             |              |          |    |     |  |   |
| Eircode: Country of Birth:  |                                   |                     |             |            |             | Country of Birth:            |  |              |           |                    |             |               |          |          |     | Home Phone:                    |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
| Home Phone:   |                                   |                     |             |            |             | Home Phone:                  |  |              |           |                    |             |               |          |          |     | Mobile:                        |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
| Mobile:   |                                   |                     |             |            | 1           | Mobile:                      |  |              |           |                    |             |               |          |          |     | Parent Mobile Number (for Text |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
|   |                                   |                     |             |            |             |                              |  |              |           |                    |             |               |          |          |     |                                | Communication):           |     |          |   |            |      |            |             |              |          |    |     |  |   |
| Work Phone:   |                                   |                     |             |            | †           | Wo                           | rk   | Ph           | on        | e                  |             |               |          |          |     |                                |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
| Email   |                                   | П                   |             | Τ          | 广           | П                            |  |              |           |                    | Email       |               |          | Τ        | T   |                                | T                         |     |          |   | Π          | Τ    | Т          | Т           | Т            | $\neg$   |    |     |  | Т |
|   |                                   |                     |             |            |             |                              |  |              |           |                    |             |               |          | I        |     |                                |                           |     |          |   |            | İ    |            | ight d      | $\Box$       |          |    |     |  |   |
| * *   |                                   |                     |             |            |             |                              | e of any family situation such as bereavement or separation that cou |              |           |                    |             |               |          |          |     |                                |                           |     |          |   | <u>cou</u> | ld i | mp         | <u>act</u>  |              |          |    |     |  |   |
| on your child so that we c  |                                   | suţ                 | <u>port</u> | <u>ive</u> | as          | pos                          | sib  | <u>le.</u>   | _         |                    |             |               | . ,      |          |     |                                |                           |     |          | _ |            | _    |            | _           |              |          |    |     |  |   |
| Previous School/s attended:   |                                   |                     |             |            |             |                              | A  | Address of   | Sc        | 100                | l:          |               |          |          |     |                                |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
| If you would like to add any information you feel is relevant to your child's health, welfare or education please incl                              |                                   |                     |             |            |             |                              |  |              | lud       | e it               | he          | re:           |          |          |     |                                |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
|   |                                   |                     |             |            |             |                              |  |              |           |                    |             |               |          |          |     |                                |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |
| Does your child have any  | medica                            | al c                | ondi        | tior       | ıs/a        | ılleı                        | rgi  | es?          | Ye        | es ,               | /No (If y   | es, p         | olea     | se       | giv | e                              | deta                      | ail | s.)      |   |            |      |            |             |              |          |    |     |  |   |
| School Rules, Cod  I/We the undersigned a will abide by the rules, \(\text{\text{\$\chi}}\) (A copy of the policies is ava  Signature of Parent (s) | gree that<br>he Coo<br>lable on t | at _<br>de d<br>the | of Dis      | scip       | olin<br>ebs | ie a                         | nc<br><u>ww</u>  | l Th         | ne<br>coi | Aı<br><u>Ich</u>   | nti-Bullyir | ng F          | _ (p     | ou<br>Sy | of  | So                             |                           | С   | ĥο       |   |            |      | SN         | <br>1S      |              |          |    |     |  |   |
| Date:   |                                   |                     |             |            |             |                              |  |              |           |                    |             |               |          |          |     |                                |                           |     |          |   |            |      |            |             |              |          |    |     |  |   |

## Scoil Cholmcille SNS



## Please initial boxes to provide permission

| Consent form  |
|---|
| Child's Name: Date of Birth:  |
| School/Class Outings  |
| I/We give consent for my/our child to take part in any trips or outings organised by the school teaching staff during his/her time at Scoil Cholmcille SNS.   |
| Photograph  |
| I/We hereby give consent for my/our child to be photographed within the school and during educational activities/outings and for photos to be displayed in the school, on the school website and in the parish newsletter. No personal details will be given with the pupil's pictures.   |
| Educational & Diagnostic Assessments  |
| I/We give consent for Teachers to administer standardised tests and other assessments during my/our child's time i Scoil Cholmcille SNS. Furthermore, where deemed necessary, diagnostic tests may be carried out during my/ou child's time in Scoil Cholmcille SNS.  |
| Student Support Plans   |
| I give permission for Scoil Cholmcille to receive a copy of my child's Student Support Plan by email from the previous school recorded, if my child has been attending Learning Support.  |
| Personal Information  |
| I give permission for my child's information to be shared with other agencies e.g H.S.E, when it is required. When my child is transferring to another school, I give permission for reports, results and any relevant documentation to be provided to the new school.  |
| POD Information   |
| I/We give permission for starred information (*) on this form to be recorded on a Primary Online Database (POD) of school children (Further information available at <a href="www.education.ie">www.education.ie</a> )  |
| Internet - Acceptable Usage   |
| Children will have access to the internet and must adhere to the School's Acceptable Use of Internet Policy. The aim of the Policy is to ensure that pupils will benefit from learning opportunities offered by the school's internet resources in a safe an effective manner. The school cannot be held responsible if pupils access unsuitable websites, but every reasonable precaution has been taken by the school to provide for online safety. |
| Code of Discipline & Anti-Bullying Policy   |
| We the Parents/Guardians of the child named above have read the rules which are part of the Code of Discipline of Sco Cholmcille. We agree to abide by this Code and will work in co-operation with the staff to ensure our child understands an keeps the rules.(A complete copy of the Code of Discipline and Anti-Bullying Policy is available in the Principal's office or on the school website).  |
| Signature of Consent:   |
| I/We have read the above statements and give my/our consent.  Parent/Guardian:  Date:   |

If you have concerns regarding any of the above statements, please approach the Principal to discuss these matters.