



St. Kevin's Junior National School

Newbrook Avenue, Donaghmede, Dublin 13.

Telephone: 01 847 5969
School Roll No: 19538D

Website: stkevinsjns.ie
Email: stkevinsjns@gmail.com

Class of: _____ / _____

PRE ENROLMENT FORM

Please Identify the class you are applying for by ticking the relevant box below:

- Junior Infants
 Senior Infants
 First Class
 Second Class
 Special Class*

*Please Note

Applicants for our Special Class **must include**:

1. **Proof of Address**
2. A copy of **all relevant reports**
3. **Recommendation for Special Class Placement**

These documents must be received before the Special Class application can be processed

Key Instructions to Help You Complete the Application Form

1. All Sections of the application form **must be completed**. Incomplete forms cannot be processed.
2. Questions marked * relate to information that is **required for the Department of Education and Skills Primary Online Database**.
3. A copy of your Child's birth certificate must be included with the application.

It is important to note; all information below **will be sorted on our online Student Management System**.

1. STUDENT DETAILS:

*First Name:		*Last Name:	
*Birth Cert Name: <i>if different:</i>		*Gender: <i>Please tick <input checked="" type="checkbox"/> as appropriate</i>	Female: <input type="radio"/> Male: <input type="radio"/>
*PPS Number:		*Date of Birth:	
*Nationality:		*Religion:	
Is your child's first language English? <i>Please tick <input checked="" type="checkbox"/> as appropriate</i> <i>Additional language support may be offered.</i>	YES: <input type="radio"/> NO: <input type="radio"/>		
Please confirm what language is spoken at home:			
Brother /Sister in St. Kevin's JNS / Scoil Cholmcille:	YES: <input type="radio"/> NO: <input type="radio"/>		
Child's Place in Family:			
Doctor Name:		Doctor's Phone No:	
Please provide details of any ALLERGIES or MEDICATIONS:			

2. STUDENT ADDRESS:

EIRCODE:

4. FAMILY ADDRESS:			
MOTHER:			
*Mother's Name:		Mother's Maiden Name:	
Address: <i>If different from Child:</i>			
Mobile No:		Email Address:	
Nationality:		Occupation:	
FATHER:			
*Father's Name:			
Address: <i>If different from Child:</i>			
Mobile No:		Email Address:	
Nationality:		Occupation:	
PARENTS / GUARDIANS:			
Guardianship:	Mother: <input type="radio"/>	Father: <input type="radio"/>	Joint: <input type="radio"/> Other <input type="radio"/>
If you ticked "OTHER" above, please provide details:			
Where a child is living with one parent it is important that we are informed re the follow:			
Are there any legal arrangements / custody orders that we should be informed of in the interest of your child?			
Who is to receive School Reports:			
5. EDUCATION:			
Name and address of previous school / Playschool or Montessori our child attended:			
Any Special Needs:			
<i>Please outline any special needs your child may have (Physical / Sensory Ed/ Educational):</i>			
Has your child been referred for any of the following?			
<i>Please tick <input checked="" type="checkbox"/> the correct response below</i>			
Speech & Language Therapy:	Yes <input type="radio"/> NO <input type="radio"/>	Occupational Therapy:	Yes <input type="radio"/> NO <input type="radio"/>
Psychiatric/Psychological Assessment:	Yes <input type="radio"/> NO <input type="radio"/>	Other:	Yes <input type="radio"/> NO <input type="radio"/>
<i>If you have answered "YES" to any of the questions listed above, please share any reports that may aid the planning of an individual education programme</i>			
6. EMERGENCY CONTACTS:			
NAME:	Relationship to your Child;	Phone Number;	
1.			
2.			

I give permission for my child to take part in all school activities, including tours, walks, all sports, supervised internet access, choir, visits by HSE, dental nurse etc. and to avail of basic First Aid (e.g. plasters / cold pack) if required.

School activities may be photograph/recording by school personnel for school use only and these photographs may be uploaded on our school website/Aladdin and other school digital applications.

I agree to allow:

- my child's name, address and PPS Number to be furnished to other appropriate agencies with which the school has contact.
- the school to contact my child's Pre School for a Pre-School Report and/or for observations if deemed necessary.

I confirm that we the parents have read the rules which are part of the Code of Behaviour of St. Kevin's Junior National School. We abide by the Code and will work in co-operation with the staff to ensure our child understands and keeps the rules. I also confirm that I enclose all relevant documentation to complete this application.

Parent/ Guardian Signature:

Date:



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The Department of Education & Skills has developed an individual database of primary school pupils, known as (Primary Online Database) POD.

Your child's first name, last name, gender, PPS number, date of birth, date enrolled, address, previous school category as entered on their Request for Transfer form will transfer to POD.

Your consent is required to allow us transfer the information below to the Department of Education & Skills and any other primary schools your child may transfer to during the course of their time in primary school.

Please complete the following questions below by ticking the appropriate answer in each case:

Student Name: _____

Is your child's main language spoken at home Irish or English? Yes No

To which ethnic or cultural background group does your child belong?

Please tick one option – categories based on the Census of the Population:

- | | | | |
|----------------------------------|-----------------------|---|-----------------------|
| White Irish: | <input type="radio"/> | Irish Traveller: | <input type="radio"/> |
| Roma: | <input type="radio"/> | Any other White Background: | <input type="radio"/> |
| Black or Black Irish – African: | <input type="radio"/> | Black or Black Irish – any other Black background | <input type="radio"/> |
| Asian or Asian Irish – Chinese: | <input type="radio"/> | Asian or Asian Irish – any other Asian background | <input type="radio"/> |
| Other including mixed background | <input type="radio"/> | No Consent | <input type="radio"/> |

What is your child's Religion?

Please tick one option – categories based on the Census of the Population:

- | | | | |
|--|-----------------------|------------------------------|-----------------------|
| Roman Catholic | <input type="radio"/> | Church of Ireland (Anglican) | <input type="radio"/> |
| Presbyterian: | <input type="radio"/> | Methodist, Wesleyan | <input type="radio"/> |
| Jewish | <input type="radio"/> | Muslim (Islamic) | <input type="radio"/> |
| Orthodox (Greek, Coptic, Russian) | <input type="radio"/> | Apostolic or Pentecostal | <input type="radio"/> |
| Hindu | <input type="radio"/> | Buddhist | <input type="radio"/> |
| Jehovah's Witness | <input type="radio"/> | Lutheran | <input type="radio"/> |
| Christian Religion (not further defined) | <input type="radio"/> | Protestant | <input type="radio"/> |
| Evangelical | <input type="radio"/> | Other Religions | <input type="radio"/> |
| No Religion | <input type="radio"/> | No Consent | <input type="radio"/> |

I consent for the special category in the questions listed above to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signature:

Parent/ Guardian:

Date:

Please complete this form and return to your primary school. For further information on POD please go to the:

Department of Education & Skills's website: www.education.ie