

# Laragh 2 Muff National School

Muff, Kingscourt, Co Cavan A82 XD80

☎ 042-9667744

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✉ muffschooll@gmail.com



## Application for Enrolment

Child's First Name: \_\_\_\_\_ Child's Family Name: \_\_\_\_\_ Sex:  Male  Female

Year of Enrolment: 20\_\_\_\_ Class:  Jun. Inf.  First Class  Third Class  Fifth Class

The year you intend to start.  Sen. Inf.  Second Class  Fourth Class  Sixth Class

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_ PPSN: \_\_\_\_\_

dd/mm/yyyy e.g. 31/12/1998

Required or vision, hearing and dental exams as they progress through school.

Is English the spoken language at home? Yes  No

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

The address at which the child normally resides.

**EIRCODE:** \_\_\_\_\_

Was your child baptised in Kingscourt? Yes:  No:   
(If not please supply a copy of their baptismal Cert)

With whom does the child normally live:

Both Parents:  Mother:  Father:  Other (please specify) \_\_\_\_\_

Are there any court orders in place regarding your child? No  Yes  (If yes, please contact the school with the details)

No. of children in the family: \_\_\_\_\_ Name of siblings currently in our school (if any): \_\_\_\_\_

**Parent's/Guardian's Details:**

Mother's Name		Father's Name	
Maiden name			
Home Number		Home Number	
Mobile Number		Mobile Number	
Email address		Email address	
Occupation		Occupation	

## Contact Details

If it becomes necessary to send your child home in an emergency e.g. due to sickness, accident, school closure etc. and we cannot contact you, could you suggest two alternatives to contact (Neighbours, friend, relation, etc.)

When suggesting alternatives we would ask you to make certain that:

- Persons nominated are aware of this and are willing to act as alternatives
- Persons nominated are within easy reach of the school

**IT IS VITAL THAT WE ARE ABLE TO CONTACT YOU SHOULD YOUR CHILD BE TAKEN ILL, SO PLEASE ENSURE THAT YOU KEEP THE SCHOOL INFORMED OF ANY CHANGES OF DETAILS.**

### Emergency Contact 1:

Name: \_\_\_\_\_

Relationship to child : \_\_\_\_\_

Contact Number:: \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_

### Emergency Contact 2:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Educational Details

**For children starting school, please give details below of any Nursery/Playschool/Montessori, etc. attended:**

Nursery/Playschool attended: \_\_\_\_\_

From (date): \_\_\_/\_\_\_/\_\_\_\_\_  
*dd/mm/yyyy e.g. 31/12/1998*

**For children transferring from another school, please give details below of previous school attended:**

Name of School: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Dates attended: **from** \_\_\_/\_\_\_/\_\_\_\_\_  
*dd/mm/yyyy e.g. 31/12/1998*

**to** \_\_\_/\_\_\_/\_\_\_\_\_

Current class: \_\_\_\_\_

\* Please inform your child's previous school that we require a letter from them under the Education Welfare Act 2000 concerning your child's attendance.

Reason for transfer: \_\_\_\_\_

\* We will also need your child's educational progress report from the previous school.

Is/was your child in receipt of any of the following additional supports?

Support/Resource Teaching     English Language Support (EAL)     Special Needs Assistant (SNA)

If you ticked any of the boxes above, please give details of the support received:

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### Additional Information

Has your child receiving any additional supports? Please tick the appropriate category/categories and provide details:

- Physical     Hearing & Vision     Emotional / Behavioural     Educational  
 Autism Spectrum Disorder     Speech & Language     Medical     Other

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**(Attach copies of all available reports with this application. Information supplied will not be used in the admission decision-making process but will allow for the allocation of resources to meet pupils needs)**

### Medical Background

Does or has your child required attention in any of the following areas?

<b>Sight</b>	Yes	No	<b>Hearing</b>	Yes	No	<b>Speech</b>	Yes	No

Please Specify \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

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Does your child or has your child suffered from any of the following illnesses?

Asthma/Bronchitis		Convulsions	
Skin Rashes		Diabetes	
Allergies		Ear/Nose/Throat Infections	

or any other conditions? \_\_\_\_\_

Did your child achieve their developmental milestones at expected ages?

<b>Walking</b>	Yes	No	<b>Speaking</b>	Yes	No	<b>Toilet Training</b>	Yes	No

## Consent Details

I consent that my son/daughter 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.

**Yes/Permission granted:**       **No/ Permission withheld:**

During the course of the school year, all classes will normally undertake a variety of different activities outside the school premises e.g. visit the church; swimming; football matches; rounders; basketball; athletics, school tours; history/educational tour and any other activities that arise. When we take the children on these outings, we increase the level of supervision to meet the needs of the particular activity.

\* We are seeking your consent for all these different activities which arise during the school year.

**Yes/Permission granted:**       **No/Permission withheld:**

The school has a very comprehensive Acceptable Usage Policy for the use of ICT tools, and we are asking you to grant consent for your child to use technology in the school in accordance with those guidelines.

\* We are seeking your consent for your child to access the internet, and for any work to be published, in line with our policies.

**Yes/Permission granted:**       **No/Permission withheld:**

From time to time, photos of students are published, either in local newspapers or on the school or parish website, while they are engaging in school related activities.

\* We are seeking your permission to publish photos of your child, should the occasion arise

**Yes /Permission granted:**       **No/Permission withheld:**

\* We are seeking your permission to administer any Screening or Diagnostic Tests necessary for the purposes of delivering school support to your child (e.g. Learning Support / Language Support / Emotional/Behavioural Support etc.) as deemed necessary.

**Yes /Permission granted:**       **No/Permission withheld:**

The Department of Education & Skills has developed an electronic database for Primary Schools. This will give the Department access to information that will enable it to provide grants and resources to schools and to plan for future provision in specific areas. 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.

**Pupil First Name:** \_\_\_\_\_ **Pupil Surname:** \_\_\_\_\_

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

Please tick just <u>one</u> box below	↓		Please tick just <u>one</u> box below	↓
<b>Ethnic or Cultural Background</b>			<b>Religion</b>	
White Irish			Roman Catholic	
Irish Traveller			Church of Ireland (Anglican)	
Roma			Presbyterian	
Any other White Background			Methodist, Wesleyan	
Black or Black Irish African			Jewish	
Black or Black Irish – Any other Black Background			Muslim (Islamic)	
Asian or Asian Irish - Chinese			Orthodox (Greek, Coptic, Russian)	
Asian or Asian Irish – Any other Asian Background			Apostolic or Pentecostal	
Other (incl Mixed Background)			Hindu	
I do not wish to share this Ethnic or Cultural Background information with the DES. <input type="checkbox"/>			Buddhist	
			Jehovah's Witness	
Please tick just <u>one</u> box below	↓		Lutheran	
<b>Pupil Origin (before school)</b>			Atheist	
Childcare Setting – Pre Primary Education / Early Start Programme			Baptist	
Another Mainstream National School			Agnostic	
Special School in Ireland			Other Religions	
Private Primary School (Ireland)			No Religion	
School in Northern Ireland			I do not wish to share this information with the DES <input type="checkbox"/>	
School abroad				
Home – Not in any school				
Other				

I/We, the undersigned,

- are aware that Laragh 2 Muff's National School teaches the Stay Safe Programme and the Relationships and Sexuality Programme, both of which are part of the Department of Education and Skills Social and Personal Health Education Curriculum.
- are aware that the information on this form will be stored on the school's data management system and the Department of Education & Skills Primary Online Database(POD) and any other primary schools my child may transfer to during the course of their time in primary school.
- are aware that information may be shared with the HSE and the Parish Office (for the purposes of preparation for First Holy Communion) i.e. name and contact details for scheduling health screening such as vision, hearing, dental and immunisation.
- have read the school's Internet Acceptable Usage Policy and agree to its terms and will ensure that my/our child named overleaf, will abide by them.

I/We confirm that all the information supplied is correct.

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

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

**Parent/Guardian**

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

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

**Parent/Guardian**

### Parents' /Guardians' Checklist for Admission

- Fully completed and signed Application Form
- Copy of Birth Certificate
- Copy of Baptismal Certificate (if baptised outside the Parish of Kingscourt)
- Copy of End of Year School Report from previous school (if applicable)
- Other relevant reports (Enable Ireland, Occupational Therapy, Speech & Language etc.  
if applicable)