

Scoil na mBuachaillí, Cloch na gCoillte



Child's Details

First Name; _____ **Surname;** _____

Gender; _____ **PPS Number;** _____

Date of Birth; _____ **Nationality;** _____

Religion; _____ **Eircode;** _____

Address:

Alternate Address:

Previous Preschool/School;

Do you give consent to discuss the needs of your child with the manager of the preschool? Yes ___ No ___

Medical & Allergy Information;

Any other relevant information about your child we should know?

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Please attach a copy of all assessments relating to your child's development and/or needs.

Mother/Guardian Details

First Name; _____ **Surname;** _____

Email address; _____

Mobile No; _____ **Work No;** _____

Father/Guardian Details

First Name; _____ **Surname;** _____

Email address; _____

Mobile No; _____ **Work No;** _____

Emergency Contact No 1

First Name; _____ **Surname;** _____

Description (Childminder, Grandparent etc); _____

Mobile No; _____ **Work No;** _____

Emergency Contact No 2

First Name; _____ **Surname;** _____

Description (Childminder, Grandparent etc); _____

Mobile No; _____ **Work No;** _____

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In the event of a Medical Emergency/Accident, every effort will be made to contact you. Please authorise by signing below that at their discretion a member of staff may bring my child to a doctor/hospital if an emergency arises.

Signed; _____

Please read our Information booklet available on our website at www.snbclonakilty.com for more information. Please tick/highlight and sign the permission below accordingly;

- I consent to my child's participation in the Stay Safe Programme.
- I consent to my child's participation in the RSE Programme.
- Educational Screening Tests are carried out in the school on all children from Infants to 6th class. I allow my child to do these tests.
- During your child's time in Scoil na mBuachaillí, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.
- Having consulted with the class teacher, I give permission to allow my child to be supported by the Special Education teacher, if deemed necessary.
- I give permission to allow my child's photograph/image to be included in school-related activities, competitions, school website, school's social media, school newsletter etc.

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- Scoil na mBuachailí uses the digital platform Google Workspace for Education. Do you consent to your child using these platforms
- I give permission to allow my family details (name, address, date of birth etc) to be given to agencies such as HSE (school nurse, doctor, dentist) I have read and accepted the policies (available on school website – password SNBWeb)

Signed; _____

Date; _____

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Complete this section if you are applying for your child to transfer from another primary school.

Previous school; _____

School Address; _____

What class is your child in at the moment;

Please note; The principal, on behalf of the Board of Management, will contact the Principal of the school from which it is requested to transfer to Scoil na mBuachaillí. Parents wishing to transfer will be informed of this policy and of the Principal's intention to discuss all aspects of the pupil's behaviour and academic progress. All information will be treated in strict confidence.

Have you enclosed the most recent school report and attendance record?

Yes

No

Signed; _____

Date; _____