



Our Lady of Mount Carmel N.S.

Roskey, Co Roscommon N41 DH36

Phone: 071 9638774

Email: office@rooskeyns.ie Website: www.rooskeyns.ie

Roll Number: 04800F

Registered Charity Number: 20133207

Enrolment Form

NB: The School may share Personal Pupil Data with other organisations such as HSE, TUSLA, An Garda Síochána, etc. where there is a legal basis for doing so under GDPR.

General Information on Child

First Name:	Surname:
Gender:	Pupil's Name on Birth Certificate:
PPS Number:	Date of Birth: (Please attach copy of Birth Certificate)
Nationality:	Country of Birth:
If not born in Ireland, when did child arrive in Ireland:	
Home Address:	

General Information on Parent(s) / Guardian(s)

Mother's Birth Surname:	Father's Details
Name:	Name:
Occupation:	Occupation:
Nationality:	Nationality:
Address (if different from child's):	Address (if different from child's):
Mobile No:	Mobile No:
Work No:	Work No:
Email:	Email:
First Language:	First Language:
Language (s) spoken at home:	
If the above addresses are different do you wish to receive individual notification of parent teacher meetings & have end of year reports sent to both addresses? Yes No	
Does any Legal Order under Family Law exist that the school should know about? Yes No	



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Number of children in the family _____

Position of child in the family _____ (1st, 2nd, 3rd)

Name of Preschool attended, if any _____

Previous Primary school/class _____ (if transferring from another)

Address of previous school _____

Intended school class _____

Roskey N.S. is a Catholic School. Please sign below that you accept this ethos, as presented by the Grow in Love Programme taught in the school, as directed by the Diocese of Elphin. Please sign that you consent to this:

1st Parent Signature: _____

2nd Parent Signature: _____

Religious denomination: _____

If your child was baptised please state where it took place: _____

Date of Baptism: _____

(Please attach a copy of your child's Baptismal Cert if baptised outside Kilglass Parish)

If you are not of Catholic Denomination:

- Are you happy for your child to attend Mass during school time? Yes No
- Would you like your child to take part in the Grow in Love Religion Programme? Yes No

*(If the answer is no you will need to collect your child when a **whole school** mass occurs as supervision is not possible)*



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Our school will communicate with you through the Aladdin Connect App when we have any news or messages re closing, meetings, etc. We also use Aladdin Text service for short messages and reminders. Please provide mobile phone number(s) you would like to receive these messages on.

Please indicate (tick) which phone should receive the text messages from the school. (Please include mobile numbers)

Mother	Father	Both	Other (specify)

Please inform the school of any change in contact details.

Does your child require School Transport? Yes ☐ No ☐

If your child requires school transport, you will need to contact Bus Éireann directly on 090 6473277 or email schools.athlone@buseireann.ie

Name of persons who have permission to collect your child from school:

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Emergency Contact Number in the event that parents cannot be contacted:

Name: _____ Contact Number: _____

Relationship to child: _____

List **ANY** health problems your child may have that might affect her/his work or behaviour in school (e.g. allergies, epilepsy, asthma, sight or hearing difficulty, etc.)

Is your child on medication? Yes ☐ No ☐

If yes, please specify _____



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In the event of your child feeling unwell or having an accident at school whereby your child would require immediate medical attention and the school cannot contact you, a member of staff will take your child directly to a Doctor/Hospital if necessary.

I agree that at their discretion a member of staff may bring my child to a Doctor / Hospital if an emergency arises.

1st Parent Signature: _____

2nd Parent Signature: _____

Family Doctor Name: _____

Family Doctor Telephone: _____

Has your child any development and/or behavioural needs?

Yes ☐ No ☐

If yes, please give details

Is there any other information you would like us to know:

In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies including the school's Code of Behaviour and Anti Bullying Policy. School policies can be viewed on the School Website. I agree to support the staff in their efforts to provide a positive learning experience for all children in the school.

1st Parent/Guardian's signature: _____

2nd Parent/Guardian's signature: _____

Date of Application: _____

Office Use only:

*Date Application Received



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Rooskey National School Parental Permission / Agreement Section

I hereby give permission for my child in relation to the following:	Yes	No
To go on school tours, local educational visits / field trips / community walks and participate in school activities (e.g. matches, quizzes, chess)		
To be withdrawn from class to access support and/or participate in in-class support with a member of the SEN? (Special Educational Needs) Team		
On occasion we administer Diagnostic tests (e.g. Neale Analysis, MIST, Belfield Infant Screening, NRIT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this?		
Sometimes photographers / videographers visit our school to take pictures/videos of the children e.g. awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, local newspapers and school related activities?		
I give permission for my child's photograph to be used in school displays, websites, social media, etc. Children's full names will not be disclosed.		
In accordance with the school policy on Accidents and the Administration of Medicines it is vital teachers have permission to apply first aid to my child.		
In case of serious accident/illness/emergency, I give permission to the teachers in charge to take the child to the nearest doctor / hospital.		
The school teaches "Stay Safe" lessons on personal safety and RSE lessons on developing and changing. Both are recommended and vetted by the Dept. of Education and Skills. You will be informed in advance if the lessons contain sensitive language. Further information is available from the school. Do you give permission for your child to participate in these lessons.		
I grant permission for my child to access the Internet. I understand that Internet Access is intended for educational purposes. I also understand that every reasonable precaution has been taken by the school to provide online safety but the school cannot be held responsible if pupils access unsuitable websites.		
I agree to abide by the school's Code of Behaviour and will co-operate with the Board of Management in implementing this policy.		
I understand and agree by signing below that I, or any member of my family, will not share , on social media, photos/images of children (other than my own) taken at school events. 1 st Parent Signature: _____ 2 nd Parent Signature: _____		
The Board of Management cannot be held responsible for pictures/video taken by parents at outings, celebrations, school performances etc. I am aware that no parent has permission to photograph or record any child other than their own on school premises e.g. Christmas Concerts, Sports days, school outings 1 st Parent Signature: _____ 2 nd Parent Signature: _____		

Name of Child: _____ Date: _____

1st Parent Signature: _____

2nd Parent Signature: _____