



# Goleen National School

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## Enrolment Form

**Private and Confidential**

Name of child: \_\_\_\_\_



# GOLEEN NATIONAL SCHOOL

**Goleen,  
Skibbereen,  
Co Cork  
P81 YW27**

Tel. (028)35660  
Email:mgoleenns@gmail.com

## Enrolment form for Goleen National School

Please read this form carefully, fill it out and sign it, then return it to the school with a **copy** of the child's **full birth certificate**. Under the Education Welfare Act, the school is required to inform the Education Welfare Services where a child has had an absence of 20 + days.

Child's full name: \_\_\_\_\_

Child's current address: \_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_ (required)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male \_\_\_\_\_ Female: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Personal Public Service No: \_\_\_\_\_

Parent mobile number to receive texts from the school: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Who has custody of the child? (Please tick one)

Both parents       Mother       Father       Guardian

Who does the child reside with? (Please tick one)

Both parents       Mother       Father       Guardian

Mother's Full Name: \_\_\_\_\_

Mother's Birth Surname (if different to current surname): \_\_\_\_\_



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Mother's address (if different from pupil's): \_\_\_\_\_

Mother's nationality: \_\_\_\_\_

Mother's mobile No.: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's address (if different from pupil's): \_\_\_\_\_

Father's nationality: \_\_\_\_\_

Father's mobile No: \_\_\_\_\_

Father's email address: \_\_\_\_\_

## **Emergency Contacts (besides parents/guardians)**

Contact Name 1: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Contact Name 2: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Contact Name 3: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

In the event of an emergency, do you give permission for your child to be taken to the doctor/hospital? Yes No

Name of child's previous school/pre-school: \_\_\_\_\_



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Principal's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

I/We the Parents of: \_\_\_\_\_ give consent to the Principal of Goleen N.S. to access all records and reports pertaining to my child(ren) from the Principal of his/her previous school(s).

Signature of Parent(s) / Guardian: \_\_\_\_\_

*(It is school policy to contact the child's previous school for a report on the child).*

Is your child toilet trained? \_\_\_\_\_

Any medical condition, which the school should be aware of?

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Does your child have any allergies which are life threatening?

eg nuts/bee stings etc. Yes No

Does your child use an inhaler in school? Yes No

**If yes, please provide information in the space below and inform the class teacher.**



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Has your child attended or is she/he attending any of the following:

Speech & Language Therapist    Yes    No

Occupational Therapist    Yes    No

Physiotherapist    Yes    No

Psychologist    Yes    No

If yes to any of the above please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During your child's time at Goleen N.S. he/she may undergo various Educational screening tests. Do you give permission for the school to carry out educational screening tests on your child? Yes    No

Do you give permission for photographs of school events to be taken and/or published on the school website and/or school newsletters? Yes    No

Pupils may partake in excursions outside the school grounds during the school year, as organised by school authorities. Parents will be notified when trips involving buses or long distances from the school are planned. Do you give permission for your child to go on these outings? Yes    No

I/ We have read and agree to abide by the Code of Behaviour and Discipline Policy, Bí Cineálta and the Acceptable Use Policy for Goleen National School.

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

Signature of Parent(s) / Guardian



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The following information will be stored on the Primary Online Database as requested by the Department of Education and Skills. Parental Consent must be obtained.

Please fill out and sign the consent below.

To which ethnic background does your child belong?

- White Irish
- Irish Traveller
- Roma
- Black African
- Chinese
- Any other white background
- Any other black background
- Any other Asian background
- Other
- No Consent

What is your child's religion:

- Roman Catholic
- Church of Ireland including Protestant
- Presbyterian
- Methodist
- Jewish
- Muslim / Islamic
- Orthodox
- Pentecostal
- Hindu
- Buddhist
- Jehovah's Witness
- Lutheran
- Atheist
- Baptist
- Agnostic
- Other Religion
- No religion
- No consent

Nationality: \_\_\_\_\_.

Is one of the Pupil's mother tongues (language spoken at home)

Irish / English. Yes  No

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

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

Parent / Guardian

For further information on POD please go to the Department of Education and Skills' website.  
[www.education.ie](http://www.education.ie)