

ENROLMENT FORM

Askea, Carlow, Ireland. R93 VX27 R93 X793	Holy Family National School <i>(an amalgamation of Holy Family</i> <i>Boys and Holy Family Girls</i> <i>Schools)</i>	Roll No: 20592Q
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CHILD AND FAMILY DETAILS:

First Name: [as per Birth Certificate]			
Surname: [as per Birth Certificate]			
Date of Birth:		PPSN:	
Address:			
Siblings in Holy Family Boys School: Yes [] No [] Name of Sibling(s):			
Siblings in Holy Family Girls School: Yes [] No [] Name of Sibling(s):			
Mother's Name:		Father's Name:	
Guardian:	Yes [] No []	Guardian:	Yes [] No []
Mother's Mobile No.:		Father's Mobile No.:	
Mother's E-mail contact:		Father's E-mail contact:	
Mother's Maiden Name:			
Date of Arrival to Ireland: (If applicable)		Nationality of Parent(s):	
With whom does the child normally reside:		Nationality of Pupil:	
Languages Spoken at Home:		Pupil's Birth Place:	
Religion:		Place of Baptism:	

EMERGENCY CONTACTS:

Name:		Name:	
Relationship to child:		Relationship to child:	
Contact Number:		Contact Number:	

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EDUCATION DETAILS:

Pre-school/school previously attended:	
Address:	
Phone No:	
I give permission to the school Principal to discuss the needs of my child, with the manager/principal of the school/pre-school/school listed above. Yes [] No []	
Class Requested: Junior Infants [] Senior Infants [] 1 st [] 2 nd [] 3 rd [] 4 th [] 5 th [] 6 th [] Autism Class [] <i>*diagnosis of autism must meet D.S.M. IV & V or I.C.D.10 criteria and child must have a recommendation for a special class placement*</i>	
Educational Assessment: Yes [] No []	Exemption from Gaeilge: Yes [] No []
Diagnosis [if any]:	
Other Reports [Please specify]:	
Please attach a copy of all assessments relating to your child's development and / or needs	
Other relevant information:	

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MEDICAL DETAILS:

Name & address of family doctor:		Contact No.:	
<p>Has your child any medical conditions/ allergies? Yes [] No []</p> <p>If yes please give details: _____</p>			
<p>Does your child appear to have any difficulties with the following?</p> <p>Hearing: Yes [] No [] Speech: Yes [] No [] Vision: Yes [] No []</p> <p>If you have answered yes to any/all of the above please give details: _____</p>			

Please answer the following questions:

In respect of the above-named child, have you have accepted an offer of admission for another school or schools?

Yes _____ **No** _____

If yes, please provide details of the offer(s):

In respect of the above-named child, have you applied for and are you awaiting confirmation of an offer of admission from another school or schools? **Yes** _____ **No** _____

If yes, please provide details of the school(s) concerned:

Declaration:

I/We declare that the information provided on this acceptance form is accurate.

Signed (Parent/Guardian): _____ **Date:** _____

Signed (Parent/Guardian): _____ **Date:** _____

Where legal documents outline family status/custody arrangements, relevant documents must be provided. Any future legal changes to name or guardianship of the child should be communicated in writing to the school.

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CONSENT FORMS

Name of Child: _____ Date: _____

The following forms once signed by a parent/guardian remain current for the duration of the child's primary school education unless withdraw by parent/guardian.

Permission for Outings and School Activities Outside of School Grounds My child may participate in outings and activities outside school grounds.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Accident and/or Emergency Consent Form The staff of Holy Family National School may act on my behalf in case of emergency or accident and may take such action as may be necessary for the benefit of my child.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Permission to be Photographed or Video Recorded My child may be photographed or video recorded during school activities. <i>(Photographs/videos may be used for displays in School, in local and national publications and on school website or twitter account.)</i> <i>For example: First day at school, group class photo, graduation day and other school related activities.</i> The Board of Management cannot be held responsible for photographs/videos taken by parents at school functions, outings, celebrations, or school concerts etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Permission to Consult Outside Agencies Sometimes the school is requested to pass on the names of children and their addresses to the Health Service Executive for immunisation purposes, dental appointments etc., to the school meals supplier and to sporting bodies when children are taking part in games outside the school. Do you allow the school to pass this information when required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Permission to Transfer Records I consent to have records relating to my child (e.g. school reports, psychological reports, assessment test results and any other relevant information) passed another school in which he is enrolled for the future.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Permission for Withdrawal from Class My child may be withdrawn from class in a group or individually for supplementary teaching support and assessment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Permission for Participation in SPHE curriculum: My child may participate in “Stay Safe” lessons on personal safety and RSE lessons on “Growing and Changing”. <i>In accordance with the Department of Education guidelines, all primary schools must fully implement the Stay Safe programme and the SPHE programme. You will be informed in advance if the lessons contain sensitive language. Further information is available from the school.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Permission for Pupil to attend Church: My child may go to Church on occasion with their classmates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Confirmation that the Code of Behaviour of Holy Family National School is acceptable to you is a requirement of admission.

The Code of Behaviour is available on the school website. Please tick the box below to confirm that the Code of Behaviour is acceptable to you and that you will make all reasonable efforts to ensure that your child is compliant with this code, including reading and reviewing any further iterations of this Code of Behaviour for the duration of your child’s schooling.

Yes, I confirm that the code of behaviour is acceptable to me/us and that I/we will make all reasonable efforts to ensure that our child is compliant with this code. Please tick _____

Declaration:

I/We declare that the information provided on this acceptance form is accurate.

Signed (Parent/Guardian): _____ Date: _____

Signed (Parent/Guardian): _____ Date: _____

Where legal documents outline family status/custody arrangements, relevant documents must be provided. Any future legal changes to name or guardianship of the child should be communicated in writing to the school.

PLEASE ATTACH ORIGINAL BIRTH & BAPTISMAL CERTIFICATES WITH THIS FORM.

(These will be returned to you)

All information provided is strictly confidential. If any of the details in this form change e.g. if you move house, change phone number etc.

Please inform the school at the earliest opportunity.

Please don't forget to attach a copy of all assessments relating to your child's development and / or needs.

Department of Education and Skills Consent:

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Religion, ethnic and cultural background are sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their children's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills.

To which ethnic or cultural background group does your child belong? (please tick one) <i>(Categories are taken from the Census of Population)</i>			
White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
		Roma	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Black or Black Irish (African)	<input type="checkbox"/>
		Black/Black Irish - Other Black Background	<input type="checkbox"/>
Asian/Asian Irish - Chinese	<input type="checkbox"/>	Asian or Asian Irish - Other Asian Background	<input type="checkbox"/>
		No Consent	<input type="checkbox"/>
Other (please specify):			

What is your child's religion?					
Roman Catholic	<input type="checkbox"/>	Church of Ireland (Including Protestant)	<input type="checkbox"/>	Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>
Methodist/Wesleyan	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>
Muslim (Islamic)	<input type="checkbox"/>	Apostolic or Pentecostal	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Jehovah's Witness	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>
Agnostic	<input type="checkbox"/>	No Consent	<input type="checkbox"/>	Other (please specify):	

I consent for this 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 (Parent/Guardian): _____ **Date :** _____

Signed (Parent/Guardian): _____ **Date :** _____

For Office Use Only

Date Application Received: ____/____/____

Class Level: Junior Infants [] Senior Infants [] 1st [] 2nd [] 3rd [] 4th [] 5th [] 6th [] Autism Class []

Room No: _____

Birth Certificate Y [] N [] Baptismal Certificate Y [] N []

School Report Y [] N [] Medical Report Y [] N []