



## School Enrolment Form

Class child is enrolling in:	Year of enrolment

**Note: All forms must be completed in full and returned to the school, along with a Birth Certificate. Completion of this form does not guarantee your child a place in the school.**

### CHILD'S DETAILS

Name of Child (in full, as on Birth Certificate) \_\_\_\_\_

Address at which child resides: \_\_\_\_\_

PPSN No: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If not born in Ireland, date on which child arrived in Ireland: \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

Gender of child: \_\_\_\_\_

Is the child living with both parents? \_\_\_\_\_

Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) \_\_\_\_\_ Number of children in the family: \_\_\_\_\_

Name of brother/sister in this school (If applicable): \_\_\_\_\_

Class: \_\_\_\_\_

Did you child attend preschool: \_\_\_\_\_ For how long: \_\_\_\_\_

Where? \_\_\_\_\_

At what age did your child begin to speak: \_\_\_\_\_

Does he/she speak well? \_\_\_\_\_

Has your child ever had a psychological assessment? \_\_\_\_\_

Has your child ever received a speech and language report? \_\_\_\_\_



**PARENTS' DETAILS**

Father's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**\*If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

**COLLECTION OF YOUR CHILD FROM SCHOOL**

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

**Person who usually collects child(ren)**

_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

**Other relevant information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SCHOOL EMERGENCIES, SICKNESS & UNEXPECTED CLOSURES**

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

**If my child gets sick, or the school has to close unexpectedly, etc.** and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

**Person the school will contact:**

1 \_\_\_\_\_ Telephone \_\_\_\_\_  
2 \_\_\_\_\_ Telephone \_\_\_\_\_

**Medical Emergency/Accident**

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

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

**Signed (Parent/Guardian)** \_\_\_\_\_

List of Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Doctor (Only if you wish)**

Doctor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

**ADDITIONAL HEALTH/MEDICAL INFORMATION**

Does your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

\_\_\_\_\_  
\_\_\_\_\_



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It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.  
Does your child/children have an allergic reaction to medication or food?

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Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems  
which may affect your child at school

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Has your child any physical or intellectual disabilities? If so are there any specific equipment/ resources  
that the school will require for your child?

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Is there any other relevant information about your child/children which we should know?

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**PARENTAL CONSENT FORM – Leaving blank equates to declining consent**

I consent to my child's participation in the RSE (Relationships & Sexuality Education) Programme.

**Parents Signature:** \_\_\_\_\_

I consent to my child's participation in the Stay Safe Programme.

**Parents Signature:** \_\_\_\_\_

Screening Tests are carried out in the school on all children from Infants to 6<sup>th</sup> Class. I allow my child to do these tests.

**Parents Signature:** \_\_\_\_\_

During your child's time in St. Cillian's N.S., 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.

**Parents Signature:** \_\_\_\_\_

I give permission to allow my child to attend the Learning Support/Special Education teacher if deemed necessary.

**Parents Signature:** \_\_\_\_\_

I give permission to allow my child receive basic First Aid such as the cleansing of a graze and the administration of a plaster.

**Parents Signature:** \_\_\_\_\_

I give permission to allow my child's photograph/image to be included in school-related activities, competitions, website, Instagram page, Facebook page, advertising posters & flyers, etc.

**Parents Signature:** \_\_\_\_\_

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), etc.

**Parents Signature:** \_\_\_\_\_

I give permission to allow my child to go on field trips to places like the library, local church, local walks, etc.

**Parents Signature:** \_\_\_\_\_

I acknowledge that I have received information on where to access, read and accept the Enrolment Policy, Code of Positive Behaviour, Anti-Bullying Policy & Child Safeguarding Statement of St. Cillian's National School (All available on the school website). Having discussed and explained same with my child and I agree to abide by same.



**DECLARATION**

I declare the above information to be correct and understand that it will be treated as confidential.

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

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

**Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child wishes to prepare for First Communion & Confirmation) with this form. These documents will be photocopied and returned to you.**

<b>Office Use Only</b>	
<b>Received by:</b>	
<b>Date:</b>	



## Only to be completed if your child is transferring from another Primary School

Previous School: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

What class was your child in when he/she left the school? \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Had your child access to SNA support in his/her last school? \_\_\_\_\_

Have you enclosed a copy of the **most recent school report** and **attendance record**?

Please tick	
School Reports	
Attendance Record	

N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school. Proof of address may be required on request.

**Note: We require reports from previous schools in order to meet the needs of your child.**