

Application for Enrolment

St. Brendan's N.S.

(Muckalee N.S.)



Child's Name: _____

Cherish the Child

St. Brendan's N.S.

(Muckalee N.S.)

Muckalee, Ballyfoyle, Co. Kilkenny

Application for Enrolment

(Please complete in block writing)

Class for which you are applying: _____ Year for which you are applying: _____

Child's Details

Surname: _____ First Name: _____

Address: _____

EirCode: _____

Gender: M F Date of Birth: _____

Child's PPS Number: _____

Religion: _____

(If Roman Catholic please give the following details for sacramental programmes)

Date of Baptism: _____ Name & Address Parish of Baptism: _____

Copy of Baptismal Cert Attached: Y N

Other Children currently in school or previously in school:

Name: _____

Class: _____

Name: _____

Class: _____

Name: _____

Class: _____

Family Details

No. of Children in family: _____ Position of child in family _____

Father's/Guardian's Name: _____

Mobile No.: _____

Mother's/Guardian's Name: _____

Mobile No.: _____

Names & Contact Details of all other legal guardians: _____

Detail of any legal orders affecting family: _____

The school uses WhatsApp.

Mobile Number school texts are to be sent to: _____

The school uses email for online payments, newsletters and other school notices.

E-mail address for school correspondence: _____

In the event of an emergency and both mother and father are out of telephone contact, either of the following can be contacted:

Name: _____ Name: _____

Tel. No. _____ Tel. No. _____

Address: _____ Address: _____

Health

Family Doctor: _____ Phone No: _____

Please give details of any health problems or allergies that the school should be aware of:

Please give details of hearing or sight defects: _____

Please give details of any speech or language difficulties: _____

Details of any medication prescribed for this child: _____

Does your child have any special needs: Y N

If Yes please give details: _____

Does your child have any behavioural difficulties: Y N

If Yes please give details: _____

If this child has attended any of the following please circle the relevant answer.

Speech Therapist Y N

Psychologist Y N

Social Worker Y N

Occupational Therapist Y N

Details of any other agency attended by the child: _____

If there are written reports in relation to any of the above please provide the school with a copy.

Education

Please complete this section of the form where applicable with the Principal of your child's school. Our school will contact your child's previous school to ensure details are accurate.

Attended Pre-school: Y N

Name and Address of Pre-School attended : _____

Name and Address of Previous Primary School: _____

Phone No. of School: _____

Reason for leaving this school: _____

Is your child in receipt of any of the following services:

- Learning Support: Y N
- English Language Support: Y N
- Resource Teaching Y N
- Special Needs Assistant Support: Y N

If you have answered Yes to any of the above please give details of support:

Any other educational needs the school should be aware of: _____

Consents

I/We consent that my child may receive any necessary medical care from a doctor, ambulance crew, hospital etc. in the event of an accident or illness occurring where the school is unable to contact parents/guardians:

Y N

I/We consent to my child's clothes being changed under the supervision of school staff if they become soiled or wet:

Y N

I/We consent to my child going on supervised school outings such as sports events, Parish church, school tours etc.

Y N

I/We consent to the taking of school related photographs of our child which may be submitted to local/national media or used on the school website.

Y N

I/We consent to in-school educational screening tests for my/our child eg. Drumcondra, Mist, Sigma-T.

Y N

I/We understand and confirm that I/we are aware that the school uses a secure Irish cloud-based management/pupil information system, called Databiz, to administer information relating to pupil data (eg. Contact details, attendance) and that in making this application I/We are consenting to its usage. Further information can be found at www.databizsolutions.ie

I/We understand & consent that the data on this form will be uploaded to the Department of Education and Skills Primary Online Database for pupils.

I/We are also aware & consent that the data relating to this application and subsequent educational data relating to this data subject may be disclosed, as appropriate/required, to

- The Department of Education and Skills
- The Health Service Executive
- First and second level transfer schools.

I/We have read and understood the above consents. I/We wish to enrol my/our child in St. Brendan's NS (Muckalee NS), Muckalee, Ballyfoyle, Co. Kilkenny . I/We undertake to see that my/our child will attend school punctually and regularly. I/We have received and understood the school's information booklet and I/we undertake that I/we and my/our child will comply with all school rules and policies.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Please ensure you have completed all sections of the application form and attach a copy of your child's birth certificate and a utility bill as proof of address.