

Mochuda

Scoil Charthaigh Naofa

Enrolment Form

**Any information given on this form will be treated with the strictest confidence and only used for the benefit of your child.**

***Please enclose a copy of your child’s Psychological Report and a copy of their birth certificate.***

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Gender: Male Female

Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (See https://finder.eircode.ie/ for Eircode)

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

Mobile number to receive text messages from school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different from above: Address if different from above:

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

Nationality of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child’s legal guardian or guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childminder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact in emergency if parent/guardian/childminder cannot be contacted**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If any details on this form change, for example, if you move house, change your telephone numbers or if family circumstances change, please let us know immediately. We cannot be responsible if we are unable to contact you in an emergency if number have changed and we are not informed***

**If your child has previously attended preschool, please fill in below.**

**Preschool:**

Pre-school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dates attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does any legal order under family law exist that the school should now about?** YES NO

If so, please give details to Principal.

**Child resides with** (please tick) Both parents Mother Father Guardian

*If your family circumstances change, please let us know in confidence*

**Has your child any medical needs?**

**Do they regularly take any medication?**

*Please feel free to discuss this in private with the Principal.*

**Is your child currently attending any outside agency?**

Speech and Language Therapy YES NO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational Therapy YES NO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietician YES NO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioural Therapist YES NO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Has your child any allergy?**

**In your opinion are the following satisfactory?**

**Eyesight**: YES NO **Hearing**: YES NO If not, please comment:

|  |  |  |
| --- | --- | --- |
| **I give permission for my child..** | **YES** | **NO** |
| * to be photographed for school projects, local newspapers Twitter, school website and school related activities |  |  |
| * To have records (e.g. school reports, psychological reports, assessment test results and any other relevant information) passed to such school in which s(he) is enrolled in the future. |  |  |

|  |  |  |
| --- | --- | --- |
| **I give consent** | **YES** | **NO** |
| * to the school to contact the preschool my child has attended to seek “All About Me” transfer document. (If applicable) |  |  |
| * for the information required for POD (primary online database) to be 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 |  |  |
| * In the event of being involved in a serious accident and our being unable to contact you, to give permission for a medical examination if necessary.   Every effort will be made to contact first a parent/guardian, in cases of emergency, and parents/guardians are not available the school will first call 911 and if an ambulance is not available your child will be brought to a doctor or hospital at the teacher’s /principal’s discretion. Do you agree with the emergency procedure outlined? |  |  |

**Parent Communication**

At Scoil Charthaigh Naofa, our main method of communication with Parents/Guardians is via Aladdin and Seesaw. In the months prior to your child starting with us, you will be sent a link to set up an account on each of these Apps. Please check your Inbox or Junk mail for these details.

***Many thanks for choosing to enrol your child in Scoil Charthaigh Naofa****.*

*We look forward to working closely with you and your child. Feel free to contact the school if you have any queries on 057 93 55393*

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

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

Parent/Guardian 1 Parent/Guardian 2

***Upon returning this form, please enclose a copy of your child’s Psychological Report and a copy of their birth certificate and any other relevant reports.***

*Th*e**y***can be returned to the school office or posted to the school at:*

*Scoil Charthaigh Naofa, Newtown, Rahan R35 P263*