**ENROLMENT FORM**

**NAME OF PUPIL ………………………………………. P.P.S No ………………………………….**

**NAME IN IRISH IF KNOWN …………………………………………………………….**

**DATE OF BIRTH ………………………………………. GENDER …………………………………..**

**NATIONALITY OF CHILD …………………………. NATIONALITY OF PARENTS ……………**

**ADDRESS ……………………………………………………………………………………………………………**

**............................................ Eircode ...............................**

**TELEPHONE NO. ……………………………………. RELIGION ……………………………………**

**FORMER SCHOOL ………………………………….. CLASS …………………………………………**

**FATHER’S NAME ……………………………………. MOTHER’S NAME………………………….**

**Address ………………………………………………… Address ………………………………………**

**(If different from pupil’s) (If different from pupil’s)**

**................................................. .........................................**

**Email........................................ Email....................................**

**------------------------------------------------ -------------------------------------------**

**OCCUPATION………………………………………. OCCUPATION ………………………………**

**Phone: ...................................... Phone: ................................**

 **Work: ....................................... Work…………….........................**

**If other members of family already attend (School Name) please state:**

**NAME…………………………………………… CLASS ………………………………………..**

 **………………………………………… ………………………………………..**

 **................................... .................................**

 **.................................. .................................**

**PLEASE NOTE ANY MEDICAL PROBLEMS/ALLERGIES YOUR CHILD MAY HAVE:**

**CONTACT NUMBERS**

While we make every effort to ensure the safety of your child, **we may need to contact you in the event of an accident or an unexpected closing.**

Please fill in the following:

**PUPIL’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAMES OF PARENTS/LEGAL GUARDIANS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Contact Numbers (not your own number):**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBER**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Should any of these numbers change while your child is attending this school please inform us immediately.**

In the event of an emergency, should we fail to contact you, do you give permission to the School to bring your child to hospital?

Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please make the above arrangements clear to your child.

 **Parental Permission Form**

|  |  |  |
| --- | --- | --- |
| **I hereby give permission for my child in relation to the following:** | **Yes** | **No** |
| Go on school tours, local educational visits/field trips and participate in school activities (e.g. matches,quizzes,choir) |  |  |
| On occasions such as Communion, Confirmation and other school events, local press photographers take group photos of children and in some instances identify the children by name. Do you agree to the school using your child’s image in this way? |  |  |
| Can we use your child’s name (not photo) in relation to publicising school events and activities in our newsletter, Facebook page, school website and similar publications? |  |  |
| Images of your child and his/her work may appear on our website or Facebook page. Images may be of individuals or groups. Only your child’s first name will be used if at all. Do you agree to the school using your child’s image and first name in this way?  |  |  |
| The school teaches ‘Stay Safe’ lessons on personal safety & protection and RSE (relationships & sexual education) lessons on developing and changing. Both are recommended and vetted by the Department of Education and Skills. Can your child participate in these lessons?  |  |  |
| Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? (In a non-emergency it is the school’s policy is to inform parents/guardians if their child has had an accident in school which may require them to collect their child and take him/her home or to hospital or doctor). In an emergency it may be necessary to take the child to hospital/doctor and inform parents/guardians afterwards. |  |  |
| Do you give permission for your child to make his/her First Holy Communion (2nd class) |  |  |
| Do you give permission for your child to make his/her Confirmation (6th class) |  |  |
| On occasion we administer ‘Diagnostic’ tests (e.g. Neale Analysis, MIST, Belfield Infant Screening, NRIT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this? |  |  |

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX TO ENROLMENT POLICY**

S.N Pheadair agus Phóil is a Catholic school whose school plan is underpinned by its Catholic ethos. Our aim is to provide a safe, happy learning environment where children’s emotional, psychological, physical and moral development is catered for in addition to their academic progress. The school promotes and expects from its pupils, a tolerance of different religious beliefs, and of those with no religious beliefs.

1. **I wish my child to be instructed in the Catholic Faith:**

We/I understand that S.N Pheadair agus Phóil is a Catholic School and wish our/my child to be taught the Catholic faith;

 Yes 🞏 No 🞏

If Yes, please sign here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You need continue **no further**)

1. **respect for the beliefs of other:**
2. We/I understand that there is no compulsion on our/my child to take part in the Religious Education classes in school
3. We/I understand that, given the lack of supervisional resources in a school the size of S.N Pheadair agus Phóil,it will not be possible for our/my child to be outside the classroom during these lessons.
4. While we/I do not wish our/my child to be taught the Catholic faith, we/I respect the rights of other children to do so and we/I will ensure that our/my children do or say nothing that would undermine or compromise this basic right to religious expression.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Permission to remove child from school during R.E. time:**

We/I understand that we/I have the right if we/I wish to take our/my child(ren) out of the school at ……………………… each day, returning him/her/them at …………………….. for the resumption of classes.

**NOTE: If availing of this option, the child/children must be brought away from the school to avoid distraction to the other pupils.**

We/I wish to exercise this right.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL PARENTS/GUARDIANS ARE REQUIRED TO SIGN THE APPROPRIATE PART OF THIS FORM AND RETURN TO SCHOOL OFFICE.**

**DISCIPLINE**

**CHILD’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We the Parents/Guardians of …………………………………………. have received, read and understand the Code of Positive Behaviour for Learning of S.N Pheadair agus Phóil. We agree to abide by this Code/Policy and will work in co-operation with the staff to ensure our child understands and keeps the rules of the school.

**SIGNED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acceptable Use Policy**

I have read S.N Pheadair agus Phóil’s **Acceptable Use Policy for Internet Usage,** Date \_\_\_\_\_\_\_\_.

I will abide by the Policy.

**SIGNED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIMARY ONLINE DATABASE**

**I give permission for my child’s details to be stored on the centralised department primary online database**

**Signed ………………………………………………………..**