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| ENROLMENT FORM 2023 2024  Scoil Phádraig,  Corduff,  Carrickmacross,  Co. Monaghan  A81PP78  Tel: +353429669437 Email: [scoilphadraigns@gmail.com](mailto:scoilphadraigns@gmail.com)  <https://www.scoilphadraigcorduff.ie/> | | | | | | | |
| CHILD’S PERSONAL DETAILS (BLOCK CAPITALS PLEASE) | | | | | | | |
| Name: | | Surname: | | | | | Date of Birth: |
| Address:  Eircode: | | | | | | | |
| Home Telephone Number: | | PPS No of pupil: | | | Mother’s maiden name: | | |
| Religion: | | | Received Baptism: Yes No (please circle)  Place of Baptism: | | | | |
| Nationality: | | | | Language spoken at home: | | | |
| Year of Arrival in Ireland (If applicable): | | | | Year first attended school: | | | |
| Name of previous school/ (if applicable) /playschool:  Years attended: | | | | Names of sisters/brothers in this school: | | | |
| PARENT/GUARDIANS DETAILS | | | | | | | |
| First Name: | Surname: | | | First Name: | | Surname: | |
| Relationship to child: | | | | Relationship to child: | | | |
| Occupation: | | | | Occupation: | | | |
| Mobile Phone No: | | | | Mobile Phone No: | | | |
| Work Phone No: | | | | Work Phone No: | | | |
| The mobile phone number for school text service: | | | | Email address for school email service: | | | |
| Are there any court orders or other arrangements in place governing access to or custody of your child? **Yes No** | | | | | | | |
| It is school policy to pass on the below information to the Department of Education and Skills for inclusion in the online Primary Database (POD). Do you permit your child’s Religion and Ethnicity to be shared with the Department of Education and Skills? **Yes No** | | | | | | | |
| To which ethnic or cultural background group does your child belong (please tick one)?   |  |  |  | | --- | --- | --- | | White Irish | Irish Traveller | Roma | | Any other White Background | Black African | Any other Black Background | | Chinese | Any other Asian background | Other (inc. mixed background) | | No consent |  |  | | | | | | | | |
| What is your child’s religion?   |  |  |  | | --- | --- | --- | | Roman Catholic | Church of Ireland  (incl. Protestant) | Presbyterian | | Methodist, Wesleyan | Jewish | Muslim (Islamic) | | Orthodox (Greek,  Coptic, Russian) | Apostolic or  Pentecostal | Hindu | | Buddhist | Jehovah’s Witness | Lutheran | | Atheist | Baptist | Agnostic | | Other Religions | No Religion | No Consent | | Please note the school may also share Personal Pupil Data with other organisations e.g. HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR. | | | | | | | | | | |
| MEDICAL DETAILS | | | | | | | |
| Any medical conditions affecting the pupil’s lifestyle: Yes No  If yes, please give details, e.g. allergies etc.: | | | | | | | |
| Does your child wear glasses? Yes No  Does your child have hearing difficulties? Yes No | | | | | | | |
| Doctor’s Name: | | | | Doctor’s Telephone No: | | | |
| Doctor’s Address: | | | | | | | |
| Name of Emergency Contact Person: | | | | Relationship of Emergency Contact Person to child: | | | |
| Emergency Contact Person Telephone Number: | | | | | | | |
| SPECIAL EDUCATIONAL NEEDS | | | | | | | |
| Do you give permission for your child to attend Learning Support?  Yes No | | | | | | | |
| Has your child received Support Teaching in his/her previous school?  Yes No Not Applicable | | | | | | | |
| Does your child have access to or receive support from any of the following services?   |  |  | | --- | --- | | Speech & Language Yes No | Enable Ireland Yes No | | Occupational Yes No  Therapist | Psychologist Yes No | | Other (please specify) | |   Does your child have a report from any of these services? (specify) | | | | | | | |
| CONSENT FORM – Please Read Carefully | | | | | | | |
| **Emergency Medical Assistance**  I give consent that when the teaching staff in Scoil Phádraig are unable to make contact with me, or with a carer duly authorised by me to act on my behalf, they may seek medical assistance for my child in the event of an illness or accident, and I further authorise medical practitioners to administer necessary medical treatment.  Yes No | | | | | | | |
| **Code of Behaviour/Anti-Bullying Policy**  I am aware of the School’s Code of Behaviour and Anti-Bullying Policy. I agree that my child will abide by the rules and guidelines outlined in both of these policies and I will fully support the school in their implementation.  Yes No | | | | | | | |
| **School Photographs**  I agree that photographs of school activities featuring my child may be publicised in school, at local events, in the print media and on the school website.  Yes No | | | | | | | |
| **Outings and Events**  I give permission for my daughter to take part in all organised and supervised school-related outings/activities and events on or outside the school premises during her/his time as a pupil in the school.  Yes No | | | | | | | |
| **School Screening/Reports**  I agree to give permission for my child to participate in any standard school screening process in order to facilitate assessment of her/his time at this school i.e. Reading/Maths screening test.  Yes No  I agree to give permission for the teaching staff of Scoil Phádraig to have access to all reports from outside agencies and previous schools.  Yes No | | | | | | | |
| Acceptable Use Policy – Internet Use  I give consent for my child to use the internet in the school in accordance with our Acceptable Use Policy.  Yes No | | | | | | | |
| Signature: | | Signature: | | | Date: | | |

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| I/we wish to enrol my/our child in Scoil Phádraig. |
| Signed: Date: |
| Signed: Date: |
| **Both parents should sign the enrolment form, if possible.** |

**Please enclose a copy of your child’s birth certificate**

Please note that the policies mentioned above are available on the school website <https://www.scoilphadraigcorduff.ie/> and all policies are available in hardcopy on request.

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| **Office Use Only**  **Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Birth Cert: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |