**Scoil Mhuire National School**

Bornacoola, Co Leitrim

N41 YH05

Tel: 071 9638441

Email: scoilmhuirensbornacoola@gmail.com

Roll Number: 19554B

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| School Enrolment Form | |
| **Pupil’s Personal Information** |  |
| **Name of Child**  *(In full as on birth cert)* |  |
| **Address at which child resides** |  |
| **Eircode** |  |
| **PPS number** |  |
| **Gender** |  |
| **Date of birth** |  |
| **Nationality** |  |
| **Ethnic or cultural background** | Irish / Roma / Traveller / Asian / African / Mixed / Other |
| **Country of birth** |  |
| **Date of child’s arrival in Ireland**  *(if not born here)* |  |
| **Have you attached a Birth Cert?** |  |
| *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.* | |
| **Family Information** |  |
| **Parent 1/Guardian’s name** |  |
| **Nationality** |  |
| **Work/home number** |  |
| **Mobile number** |  |
| **Parent’s email address** |  |
| **Parent 2/Guardian’s name** |  |
| **Nationality** |  |
| **Work/home number** |  |
| **Mobile number** |  |
| **Parent’s email address** |  |
| *If you change your address/mobile number/email address during the school year, please inform us immediately.* | |
| **Is the child living with both parents?** |  |
| **Does any legal order under Family Law exist, that the school should know about?** | If Yes, give details. |
| **Position of child in family** | Please circle one. 1st , 2nd , 3rd , 4th , 5th etc. |
| **Number of children in family** |  |
| **Religious denomination of child** |  |
| **Has your child been baptised?** |  |
| **Where did baptism take place?** |  |
| **Schooling Information** |  |
| **What preschool/primary school has your child previously attended?** |  |
| **Number of years spent in playschool/previous school** |  |
| **Class into which you wish to enrol your child** |  |
| **Names of siblings in this school** (if applicable) |  |
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| **Contacts Information** |  |
| **Names of contacts who collect your child:** | … or in the case of accident/unexpected school closure, if parents/guardians cannot be reached. |
| **Name 1** |  |
| **Address** |  |
| **Mobile No.** |  |
| **Relationship to child** |  |
| **Name 2** |  |
| **Address** |  |
| **Mobile No.** |  |
| **Relationship to child** |  |
| If these contact details change, please inform the school in writing. |  |
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| **Child’s Medical History** |  |
| **Does your child have a hearing difficulty?** |  |
| **Does your child have an eyesight difficulty?** |  |
| **Does your child have any allergies?**  [If so, please specify.] |  |
| **Has your child ever had epilepsy?** |  |
| **Does your child have asthma?** |  |
| **Child’s Doctor’s Name** |  |
| **Doctor’s Phone number** |  |
| **Has your child ever had a Psychological assessment?** |  |
| **Has your child ever received a Speech & Language report?** |  |
| **Has your child ever received an Occupational Therapy report?** |  |
| **Has your child been referred to any other agency?**  [If so, please specify.] |  |
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| **General Consent Form** |
| **I give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [child’s name] during his/her time in Bornacoola N.S. to:**  **[Please tick box to indicate consent]**   * **Leave the school premises on supervised school outings/trips/games** * **Partake in the Social, Personal and Health Education programme, delivered in the school. This includes Walk Tall, Relationships & Sexuality Education and Stay Safe programmes** * **Undergo various diagnostic/educational screening tests, as required** * **Have his/her photo taken for school related projects, displays, newsletters, competitions, school website, local newspapers featuring school events [This list is not exhaustive.]** * **Partake in after school activities - GAA, quizzes, Scór [This list is not exhaustive.]** * **Be taken to the doctor/hospital, by a member of staff, if an emergency arises** * **Partake in swimming lessons with his/her class** * **Participate in extra Literacy & Numeracy sessions with the SET teacher** * **Data to be shared with Dept. of Education and HSE, as required** * **Enrol on online learning platforms such as Seesaw, Zoom, ClassDojo [This list is not exhaustive.]** * **I have read Bornacoola N.S.’s Admissions Policy, Anti-Bullying Policy, Child Protection Policy, Acceptable Use of ICT Policy and Code of Behaviour. I have discussed these with my child and agree to abide by these policies.**   *These policies are available to download, from the school website.*   * **I declare that the information I have provided is correct and I understand that it will be treated as confidential.**   **Signed: Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Data Protection:** The information provided in this form is necessary for the work of the school. It will be retained and used in accordance with Data Protection legislation. From time to time, the school is asked to provide information to the Department of Education, via their Primary Online Database, [regarding ethnic & religious background] & HSE, [regarding dental, hearing & sight tests] to facilitate their work. |
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| **Please ensure that you have included a Birth Certificate.**  **Any documents will be photocopied and returned to you.**  *(You may also include a Baptismal Certificate at this time but it is not a requirement for enrolment.)* |
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| **For School Use:**  **Enrolment Form received: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Birth Certificate received**: Yes **/** No  **Baptismal Certificate received**: Yes / No **/** Not applicable  **Enrolment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Principal’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Stamp** |