Scoil Íosagáin Infant School

Spa Glen, Mallow, Co. Cork. P51 TD36
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APPLICATION FOR ENROLMENT

PLEASE ATTACH PASSPORT PHOTO Digital photo accepted

Any information you give on this form will be treated with the strictest confidence and will only be used for the benefit of your child. Your application cannot be accepted unless you include a COPY OF YOUR CHILD'S BIRTH CERTIFICATE and PPS NO. If you do not understand any of the questions on this application form please ask for help. We are happy to assist you.

I/We consent for this information to be stored on the Primary Online Database (POD) and transferred to DES and other schools my child may transfer to during the course of their time in Primary School.

Signed:

_____

Year of Enrolment: _____

NAME AS PER BIRTH CERT USE BLOCK CAPITALS PLEASE

Pupil's First Name: _____ Pupil's Surname: _____

Known as *(if different from above)*

_____

Gender: _____ Nationality: _____

Date of birth: _____ Mother's maiden name: _____

Pupil's P.P.S. No.: _____

The P.P.S. number is required by the Department of Education and Skills for registration purposes.

Principal: Ms. Linda Dennehy **Deputy Principal:** Ms. Bríd Healy

Number of children in the family: _____ Placement of child (1st, 2nd etc.): _____

PARENTS/GUARDIANS: The following information on both parents/guardians is needed for registration purposes.

Mother or Guardian's Name:

_____

Occupation: _____

Nationality: _____

Contact No: _____

Email: _____

Father or Guardian's Name:

_____

Occupation: _____

Nationality: _____

Contact No: _____

Email: _____

CHILD'S RESIDENTIAL ADDRESS

With whom does the child reside: Name (s):_____

Address: _____

_____ Eircode: _____

Home Phone No.: _____ Mobile No. for "text-a-parent": _____

Religion: _____ Language (s) spoken at home: _____

*Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English | Yes | | No |

To which ethnic or cultural background group does your child belong (please tick one)?

White Irish [ ] Irish Traveller [ ] Roma [ ] Black African [ ] Any other White Background [ ] Any other Black Background [ ] Chinese [ ] Any other Asian background [ ]

Other (incl. mixed background) [ ]

Name and address of pre-school or previous school attended: _____

_____

Phone no. of previous school: _____

I give permission to the principal to discuss the needs of my son/daughter, with the manager of the pre-school/school listed above. | Yes | | No |

MEDICAL CONFIDENTIAL / USED ONLY FOR HEALTH & SAFETY REASONS

Has your child any medical condition? Yes No

Has your child ever been referred to a specialist? Yes No

If 'Yes' to either of these questions, please give details:

_____

_____

Is your child on medication? Yes No

If 'Yes' to question, please give details:

_____

_____

Does your child appear to have difficulties with any of the following?

	Yes	No
Hearing		
Sight		
Speech		
Allergy		

If yes please give more detail

_____

_____

Name and phone no. of Family Doctor: _____

NOTE: The Principal, Deputy Principal or Teacher will call the Family Doctor OR any Doctor/Emergency Services in the unlikely event of not being able to contact parents for instructions / while awaiting parents' arrival.

ASSESSMENT HISTORY

Has your child ever had any of the following types of assessment?

	Yes	No
Psychological		
Psychiatric		
Occupational Therapy		
Speech and Language		
OTHER (e.g. behavioural)		
Exempt from Irish		

If 'Yes' to any of the foregoing, please a) give details hereunder and b) supply copies of reports which will be held/treated confidentially:

_____

_____

Copies of reports supplied? Yes No

You may like to have your child placed with one or two friends which you can name hereunder

1. _____

2. _____

While we cannot GUARANTEE any requests we will do our very best to accommodate them

Parental Permission Form

In order to cut down on unnecessary paperwork and simplify record-keeping, we have decided to include as many permissions as possible on one sheet. Please read carefully each of the items below and tick the relevant box. Not all items may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below please feel free to contact the class teacher or principal.

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. castle walks etc)		
On school occasions and 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? (Please remember that removing a child from a photo of the rest of the class can be quite upsetting for the child).		
Can we use your child's name or photo in relation to publicising school events and activities in our newsletter, digital media including Facebook and similar publications?		
Images of your child and his/her work may appear on our website, digital media (Facebook). 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 lessons on developing and changing. Both are recommended and vetted by the Department of Education and Skills. Lessons are developed using suitable content and appropriate language for each class. 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.		
Occasionally the school is requested to pass on names of children and their addresses to the HSE for immunisation purposes or to schools when children are transferring to another school etc. Information Data is also stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills when requested. Do you allow the school to pass on this information to these bodies?		
Permission is given to Scoil Íosagáin to administer screening tests to my child including MIST, Cabra, Dromcondra etc.		

The Board of Management cannot be held responsible for pictures/video taken by parents at school events

In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies. I am aware that all school policies including policies on behaviour, anti-bullying/anti-cyber bullying, attendance, child-protection, special needs etc. are available on request and online. I agree to support the staff in their efforts to provide a positive learning experience for all children in the school.

I agree to comply with the School's Code of Behaviour and all other policies.

1st Parent/Guardian's signature: _____

2nd Parent/Guardian's signature: _____

IF ANY OF THE DETAILS IN THIS FORM CHANGE -
FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.

PLEASE DON'T FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS IF APPLICABLE

COVER PAGE – QUICK REFERENCE

EMERGENCY CONTACTS usually Parent(s) or Guardian(s):

Name: _____ Phone No. _____

Name: _____ Phone No. _____

1st contact person if parent not available:

Name: _____ Phone No. _____

Relationship to the child: _____

2nd contact person if parent not available:

Name: _____ Phone No. _____

Relationship to the child: _____

Designated person (s) to collect child

Name: _____ Phone No. _____

Name: _____ Phone No. _____

Please inform teacher if someone else is to collect your child

EMERGENCY INFO. MEDICAL

Has your child any medical condition? | Yes | | No |

If 'Yes' please give details:

_____

_____

Name and phone no. of Family Doctor:

_____