

Castleplunkett NS

Tel: 094 9651260 Email: castleplunkettns1@gmail.com



School Enrolment Form 2024/2025

Note: All forms must be completed in full and returned to the school, along with a Birth Certificate.

Name of Child (in full, as on Birth Certificate) _____

Address at which child resides: _____

Telephone No: _____

Date of Birth: _____

PPS No: _____

Eircode: _____

The PPS No is required by the Department of Education and Science for registration purposes.

Nationality: _____ Country of Birth: _____

If not born in Ireland, date on which child arrived in Ireland: _____

Mother's/Guardian Nationality: _____

Father's Nationality: _____

Text Service Details

Name: _____ Mobile No. for text: _____

Name: _____ Mobile No. for text: _____

***If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Father's/Guardian's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Mother's/Guardian's Name: _____ Present employment: _____

Work telephone no: _____ Mobile No: _____

Is the child living with both Parents/Guardian's _____

Position of child in family (1st, 2nd, 3rd, etc) _____ Number of children in the family: _____

If your child was baptised please state where it took place: _____

Date of baptism: _____

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Preschool: Did your child attend preschool: _____

For how long: _____

Where? _____

Assessment History:

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

1. Psychological Yes No Psychiatric Yes/ No
2. Occupational Therapy Yes/ No
3. Speech and Language Yes/ No
4. OTHER (e.g. behavioural) Yes/ No
5. Exempt from Irish Yes/ No

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

Copies of reports supplied? Yes/ No

Collection of your Child: Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

Person who usually collects child/children

Name: _____

Address: _____

Phone no: _____

Person(s) who have permission to collect my child/children

Name: _____

Address: _____

Phone no: _____

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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. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other relevant information:

School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurred while the school was in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

Person the school will contact:

1 _____ 2 _____

Tel/mobile: _____

Tel/mobile: _____

Medical Emergency/Accident

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian) _____

Childs name|: _____

Family Doctor (Only if you wish)

Doctor's Name _____ Telephone No: _____

Do your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

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It is the responsibility of Parent(s)/guardian(s) to notify the school of any food allergies. Do your child/children have an allergic reaction to medication or food?

Is there any other relevant information about your child/children which we should know?

I consent to my child's participation in the RSE Programme

Parents/Guardians Signature: _____

I consent to my child's participation in the Stay Safe Programme

Parents/Guardians Signature: _____

Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

Parents/Guardians Signature: _____

During your child's time in Castleplunkett NS, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

Parents/Guardians Signature: _____

I give permission to allow my child to attend the SEN teacher if deemed necessary.

Parents/Guardians Signature: _____

I give permission to allow my child's photograph/image to be included in school-related activities, social media and competitions etc.

Parents/Guardians Signature: _____

I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

Parents/Guardians Signature: _____

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I acknowledge that I can access the following policies on the school website castleplunkettns.com; Admission Policy, The Child Protection, Code of Behaviour, Anti-Bullying Policy, Administration of Medicine Policy, Support Policy for Special Needs Pupils, Internet Use Policy and RSE Policy of Castleplunkett NS and discuss and explain same with my child. We agree to abide by the same at all times while _____(insert child's name) is enrolled/ attending Castleplunkett NS.

The Code of Behaviour is printed and included in this enrolment pack for your information.

I wish to enrol my child _____

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: _____

Date: _____

Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was baptised) with this form. These documents will be photocopied and returned to you.

Principal's signature: _____

Date: _____

Birth Certificate received: Yes No

Baptismal Certificate received: Yes No Not applicable

If this form is being signed by one parent only please read and sign the following:

I _____ confirm that both parents of _____ are aware of and consent to this enrolment application to Castleplunkett NS.

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To be completed if your child is transferring from another Primary School

Previous school:

Address:

Telephone:

What class was your child in when he/she left the school?

Reason for

Transfer:

Have you enclosed a copy of the most recent school report and attendance record? Yes No

N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school. Proof of address must accompany application.

Note: We require reports from previous schools in order to meet the needs of your child.

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may affect your child at school

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Has your child any physical or mental disabilities? If so, are there any specific equipment/ resources that the school will require for your child?
