##

# St. Colman’s N.S., Mucklagh, Tullamore, Co. Offaly

Phone: 057 9341244 Email: principal@mucklaghns.ie Roll No.: 17746A

### APPLICATION FOR ENROLMENT

**CHILD TO BE ENROLLED:**

Name in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.P.S. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Eircode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS:**

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Siblings in the School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Pre-School attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Consent to speak to pre-school Yes\_\_\_\_\_No\_\_\_

**TELEPHONE NUMBERS:** Mother: HOME\_\_\_\_\_\_\_\_\_\_\_\_ WORK\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE \_\_\_\_\_\_\_\_\_\_\_\_\_

 Father: HOME\_\_\_\_\_\_\_\_\_\_\_\_ WORK\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE \_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF PERSON(S) WHOM SCHOOL MAY CONTACT IN ANY EMERGENCY WHEN NEITHER PARENT IS AVAILABLE:**

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

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

***If you intend your child to receive First Communion/Confirmation please bring a copy of your child’s Baptismal Cert.***

**IRISH VERSION OF CHILD’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Otherwise school will translate

##### DO YOU GIVE PERMISSION:

#####  (1) TO TAKE THE CHILD STRAIGHT TO HOSPITAL IN CASE OF A SERIOUS ILLNESS OR ACCIDENT? \_\_\_\_\_\_\_\_\_\_\_\_\_

 **(2) FOR YOUR CHILD’S PHOTO / WORK TO BE PRESENTED ON THE SCHOOL WEBSITE?** \_\_\_\_\_\_\_\_\_\_

 **(3) FOR THE CLASS TEACHER TO CHANGE YOUR CHILD’S CLOTHING IF NECESSARY? \_\_\_\_\_\_\_\_\_\_**

 **(4) FOR YOUR CHILD’S DETAILS TO BE SENT TO THE DEPARTMENT OF EDUCATION & SKILLS PRIMARY ONLINE \_\_\_\_\_\_\_\_ DATABASE (POD)**

 **(5) FOR YOUR CHILD’S NAME TO BE INCLUDED ON THE CLASS LIST SENT TO THE HSE (dental, eye clinic etc.)? \_\_\_\_\_\_\_\_**

**DOES ANY LEGAL ORDER UNDER FAMILY LAW EXIST THAT THE SCHOOL SHOULD KNOW ABOUT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IS YOUR CHILD ELIGIBLE TO APPLY FOR FREE TRANSPORT (nearest school & living 5k from school)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### MEDICAL

**NAME OF FAMILY DOCTOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALERGIES THAT THE SCHOOL SHOULD KNOW ABOUT (e.g.**

**ASTHMA, EPILEPSY, DIABETES ETC.)?** **Yes No**

Please give details, including what action should be taken in an emergency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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###### PREVIOUS SCHOOL

If this is not your child’s first school, please give the following information:

**NAME & ADDRESS OF LAST SCHOOL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ENROLMENT DATE IN LAST SCHOOL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CURRENT CLASS:** \_\_\_\_\_\_\_\_\_

**REASON FOR TRANSFERRING CHILD:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HAS YOUR CHILD ANY SPECIAL EDUCATIONAL NEEDS (*SIGHT, HEARING, SPEECH, LEARNING DIFFICULTIES, PHYSICAL DIFFICULTIES, OTHER)*? Yes No**

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAS YOUR CHILD EVER:**

(1) REPEATED A CLASS? \_\_\_\_\_ (2) RECEIVED LEARNING SUPPORT? \_\_\_\_\_ (3) BEEN PSYCHOLOGICALLY ASSESSED? \_\_\_\_\_

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ANY OTHER INFORMATION THAT THE SCHOOL SHOULD BE AWARE OF (e.g. parental separation etc.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I/WE UNDERSTAND THE ETHOS OF THE SCHOOL AND ACCEPT THE SCHOOL’S CODE OF BEHAVIOUR:**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Parent / Guardian) Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Parent / Guardian) Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ATTACH CHILD’S BIRTH CERT. AND BAPTISMAL CERT. IF BAPTISED OUTSIDE THE PARISH. THESE WILL BE PHOTOCOPIED AND RETURNED.**

The details on this form remain in place while your child is in this school. Please inform us in writing of any changes of address telephone etc.

The acceptance of an application merely confirms that it will be assessed under the criteria outlined in St. Colman’s Enrolment Policy, and does not confer any further status on that application. A full copy of the Enrolment Policy is available from the office.