



Scoil an Chlochair, Kilbeggan, Co Westmeath

Pupil's Information

First Name(s): _____ Last Name: _____

Date of Birth: _____ Pupil's PPS number: _____

Address: _____

_____ Eircode: _____

Male Female

Has your child attended any school or pre-school previously? Yes No

Name and address of previous school or pre-school:

(If your child has attended another school previously, please provide us with a copy of any reports, assessments or test results)

Religion _____ Was your child baptised? (if applicable) Yes No

Do you wish your child to receive First Holy Communion? Yes No

Location baptised (if applicable) _____

(If your child was baptised outside the Kilbeggan parish and you wish your child to receive First Holy Communion, a copy of your child's baptismal certificate will be required by the school)

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

Number of children in family: _____ Position of child in family: _____

Names of siblings already attending Scoil an Chlochair: _____

Does any legal order under family law exist that the school should know about? Yes No

(Please turn over)

For Office Use Only Enrolment Number: _____ Class: _____ Start Date: _____

Copy of Birth Cert: Yes No Baptismal Cert: Yes No Enrolment Form 11 updated 24-05-2019

Family Information

Parent /Guardian

First Name: _____ Last Name: _____

Address: _____

Occupation: _____ Nationality: _____

Home Tel No: _____ Work Tel No: _____

Mobile: _____ Email: _____

Parent /Guardian

First Name: _____ Last Name: _____

Address: _____

Occupation: _____ Nationality: _____

Home Tel No: _____ Work Tel No: _____

Mobile: _____ Email: _____

Emergency Contact Details

Please give details of **another person** who can be contacted in the case that neither of the above parents/guardians can be contacted

Name: _____ Relationship to child: _____

Phone Number(s): _____

Address: _____

Other Family Information

If you would like to impart any information regarding family circumstances please do so here or on a separate sheet. All information will be treated in the strictest confidence.

Medical Information

1. Does your child have any difficulties with the following:

Speech Hearing Sight None

2. Does your child have any medical conditions?

Asthma Diabetes Epilepsy Heart Conditions None

3. Does your child have any allergies?

Yes No please specify _____

4. Does your child have any special needs? Yes No

(Please specify) _____

5. Additional Information

Please give details and specify any other condition or factors not listed above which may affect your child (or on another sheet).

6. Doctor's Name: _____ **Doctor's Phone:** _____

Doctor's Address _____

| In relation to the following do you give permission for your child: | Yes | No |
|---|-----|----|
| To take part in the school's RSE programme | | |
| To take part in 'Diagnostic' tests (e.g. Non Reading Intelligence Tests (NRIT), Drumcondra Reading & Maths tests) to discover the education progress of pupils; | | |
| To have his/her uniform changed by a staff member and, if possible, in the presence of a second adult in the case of illness or toilet accident; | | |
| To be taken immediately to a doctor or hospital in case of serious illness/accident; | | |
| To go on local trips within the Kilbeggan area (e.g. library, nature walks, GAA pitch); | | |
| To speak with a NEPS Psychologist in the event of the occurrence of a school related critical incident. | | |

The **Stay Safe Programme** is taught in each class from Junior Infants to 6th Class. It is a requirement that each school must teach the Stay Safe programme. Consent from parents/guardians is not required but if you wish your child to **not** take part in the programme then you must write to the Chairperson of the BOM stating the reasons for not allowing your child to take part.

From time to time photos of the children are taken on occasions such as sporting events, first day at school etc. These photos are displayed on the school website, local newspapers etc. **If you do not wish your child's photo to be used in this way, please inform the school in writing.**

(Please turn over)

Primary Online Database (POD)

The school is obliged by law to provide certain information regarding your child to Department of Education & Skills. This information is stored on the Primary Online Database (POD). There are two **optional questions** that are listed below that require parental permission in order for the information to be included on POD. Please fill in the table below if you give permission for this information to be included.

| | | |
|---|---|--|
| 1. Ethnic or Cultural background (Please tick one) | White Irish | |
| | Irish Traveller | |
| | Roma | |
| | Any other White Background | |
| | Black or Black Irish - African | |
| | Black or Black Irish any other Black background | |
| | Asian or Asian Irish - Chinese | |
| | Asian or Asian Irish any other Asian background | |
| | Other (including mixed background) | |
| | No consent | |
| 2. Religion | | |

Webtext

This is a service which will allow the school to send text messages to Parents/Guardians regarding school matters e.g. closure days, reminders etc. **Please nominate ONE mobile number** for receiving messages.
Webtext Mobile Number: _____

Email

Please nominate ONE email address to receive correspondence from the school
Email Address: _____

IF ANY OF THE DETAILS IN THIS FORM CHANGE – FOR EXAMPLE, CHANGE OF ADDRESS OR TELEPHONE NUMBER, PLEASE INFORM THE SCHOOL AS SOON AS POSSIBLE.
Please refer to our website for updated information: www.kilbeggannationalschool.com

In signing the enrolment form you are accepting a place and are agreeing to the terms of our school policies which include our enrolment procedures. In addition, by signing the enrolment form, you are also agreeing that your child will abide by our school’s code of behaviour which is contained in our school handbook (see www.kilbeggannationalschool.com)

Signed _____
 (Parent / Guardian)

Date _____

Signed _____
 (Parent / Guardian)

Date _____