



St. Ronan's N.S.

Deansrath, Clondalkin, Dublin 22.

ENROLMENT FORM

APPLICATION FOR NEW ADMISSION OF PUPILS 2023/2024

NAME OF CHILD: _____ **NATIONALITY:** _____ **DATE**

OF BIRTH: _____ **male** **female** **P.P.S no:** _____ **MOTHER'S**

NAME: _____ **MOTHER'S MAIDEN NAME (if different):** _____ **FATHER'S**

NAME: _____

SISTER(S)/BROTHER(S) IN THIS SCHOOL: _____

NUMBER OF CHILDREN IN FAMILY: _____ **RELIGION : (optional)** _____ **HOME**

ADDRESS: _____ **EIRCODE:** _____

CONTACT PHONE NO 1: (08) _____ **CONTACT NAME:** _____

CONTACT PHONE NO 2: (08) _____ **CONTACT NAME:** _____

CONTACT PHONE NO 3: (08) _____ **CONTACT NAME:** _____

e-mail address: _____ @ _____

PARENTS/GUARDIANS OCCUPATIONS: (Mother) _____ (Father) _____

PLAYSCHOOL/PREVIOUS SCHOOL ATTENDED: _____

IF TRANSFERRING FROM ANOTHER SCHOOL, WHAT IS THE REASON FOR LEAVING? _____

I give permission for my child's test results and all reports from the previous school to be passed on to this school and to his/her progress being discussed with the school principal.

SIGNED: * _____

ARRANGEMENTS TO BE MADE IF CHILD IS ILL IN SCHOOL: _____

NAME OF FAMILY DOCTOR: _____ **ADDRESS:** _____ I GIVE

PERMISSION TO TAKE MY CHILD TO HOSPITAL IN CASE OF SERIOUS ILLNESS/ACCIDENT? **YES** **NO** **DO YOU HOLD A**

MEDICAL CARD? YES NO

IF NECESSARY, DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE RESOURCE TEACHING? YES NO

DO YOU GIVE PERMISSION FOR YOUR DETAILS (*name, address, d.o.b., phone no*) TO BE GIVEN TO P.T.O AGENCIES SUCH AS HSE (*school nurse, eyesight tests, hearing tests etc*)? YES NO MAY WE RECORD USE YOUR CHILD'S IMAGE



(*unidentified*) ON OUR WEBSITE? YES NO MAY WE RECORD YOUR CHILD'S IMAGE (*unidentified*) VIDEO? YES

NO HAS YOUR CHILD EVER HAD A PSYCHOLOGICAL ASSESSMENT? YES NO HAS YOUR CHILD EVER

RECEIVED A SPEECH AND LANGUAGE REPORT....OR MEDICAL REPORT? YES NO DOES ANY LEGAL ORDER

UNDER FAMILY LAW EXIST THAT THE SCHOOL SHOULD KNOW ABOUT? YES NO

THE SCHOOL SHOULD BE MADE AWARE OF ANY COURT ORDER AFFECTING THE CHILD'S WELFARE AND THE NAME OF ANY PERSON INTO WHOSE CUSTODY THE CHILD SHOULD NOT BE GIVEN. PLEASE PROVIDE COPIES OF ALL RELEVANT PAPERWORK.

Any Other Useful Information

For instance, list any problems the child may have in relation to health, allergies, epilepsy, asthma, sight, hearing, speech, grommets, fainting etc. or any emotional problems, worries or anxieties which may affect your child.

I _____ HAVE READ THE RULES OF THE SCHOOL AND ACCEPT THAT MY CHILD _____ WILL ABIDE BY THEM.

I ENCLOSE BIRTH CERTIFICATE YES NO



UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED

I CONSENT FOR THIS INFORMATION TO BE STORED ON THE PRIMARY ONLINE DATABASE (POD) AND TRANSFERRED TO THE DEPARTMENT OF EDUCATION AND SKILLS AND ANY OTHER PRIMARY SCHOOLS MY CHILD MAY TRANSFER TO DURING THE COURSE OF THEIR TIME IN PRIMARY

SCHOOL

SIGNED *

PARENT(S)/GUARDIAN(S) DATE : / / 2