



St. Ronan's N.S.

Deansrath, Clondalkin, Dublin 22.

ENROLMENT FORM

APPLICATION FOR NEW ADMISSION OF PUPILS 2024/2025

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 ☐ Proof of address 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 : / /20