



**St. Ronan's N.S.**

**Deansrath, Clondalkin, Dublin 22.**

# ENROLMENT FORM

APPLICATION FOR NEW ADMISSION OF PUPILS 2021/2022

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 : / /20