



ST. JOSEPH'S PRIMARY SCHOOL, MACROOM.
APPLICATION FOR ENROLMENT 2019
PLEASE PRINT

Please attach
2 Passport
photos.

Digital photos
accepted

Pupil's First Name <i>(Names as they appear on Birth Certs or Passports)</i>		Pupil's Surname		Male	Female
PPS Number of Child		Date of Birth		Year of Arrival in Ireland	
Pupil's Nationality Country where born / Ethnic background <i>Please tick one of the following</i> White Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other white background <input type="checkbox"/> Black African <input type="checkbox"/> Any other Black background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Other (inc mixed background) <input type="checkbox"/> <i>Consent for this information to be transferred to the Dept of Education</i> Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is English or Irish spoken at home Yes <input type="checkbox"/> No <input type="checkbox"/>					
Pupil's Address					
Home Landline Number		First Language		Other Languages	
Religion * <i>Consent for this information to be transferred to the Dept of Education</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		Parish of Baptism <i>Please attach Baptismal Cert if baptized outside the Parish</i>		Previous School or playschool attended Phone Number	
Mother's Name			Father's Name		
Mother's address if different to above			Father's Address if different to above		
Are letters/reports to be sent to this address Yes <input type="checkbox"/> No <input type="checkbox"/>			Are letters/reports to be sent to this address Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mother's Work No.			Father's Work No.		
Mother's Mobile No.			Father's Mobile No.		
Mother's Occupation			Father's Occupation		
Preferred mobile for Text-a-Parent'			Preferred email		
With whom does the child normally live? Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/>					
Other (please specify):					
Emergency Contact Name (in case parent cannot be reached)		Relationship with child		Mobile No.	
Names and Class of brothers/sisters already in the school _____					

HEALTH

Child's Doctor _____ Phone No. _____ Medical Card No. _____

In order for the school to put in place the best resources for your child's education from the start of the school year, we require the following information. This information will be treated with the utmost confidentiality. Has your child ever had an assessment with any of the following?

(a) Speech Therapist (b) Occupational Therapist (c) Psychologist (d) Counselling (e) Other (give details) _____ Most Recent Appointment: Date: _____

If you have ticked yes to any of the above, please ensure you speak to the Principal if there are written reports in relation to any of the above please provide the school with a copy.

Does your child suffer from any medical condition? _____

Note: Asthma, Allergies, Anaphylactic shock, Asperger's Syndrome, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Autism, Cerebral Palsy, Diabetes, Dyspraxia, Epilepsy, Fainting fits, Poor vision, Speech defects or impediments etc would be considered problems which should be notified to the school.

If yes, please give details; _____

Does any legal order under the family law exist that the school should know about? _____

Other Information: *In the interest of the pastoral care of your child, it would be helpful for us to be informed regarding educational difficulties, health, bereavement, domestic circumstances etc. Please contact the principal or class teacher.*

Do you get any allowances? *Please tick* Rent Subsidy Lone Parents Allowance Unemployment Benefit
Family Income Supplement Other (please specify)

1. In keeping with our school's commitment to inclusive education, there may be occasions throughout the year where your child may be invited to join a small group in the Learning Support/Resource setting. The focus of these groups will vary, but may include supporting language development, social skills training and self-esteem enhancement.

Please tick the consent box if you are happy for your child to participate in the above initiative.

Yes No

2. Do you give permission for your child to participate in school trips e.g. walks, school tours, visits to the Briery Gap etc.?
Yes No
3. Do you give permission for your child's work to be put on the school website?
(no names will be used with photographs on the website)
Yes No
4. Do you give permission for newspapers/magazines to publish photographs that may include your child when they feature news from our school?
Yes No

The Board of Management cannot be held responsible for pictures/videos taken by parents at School celebrations, school outings, Concerts.

5. We consent for this information to be stored on the St Joseph's Primary School online database, on the Aladdin School Management System, and on the Department of Education Primary Online Database (POD) and transferred to the Department of Education and Skills, and to any other Primary Schools to which my child may transfer during the course of their time in Primary

- The Department of Education & Science (Religion & Ethnic & Cultural background marked *) Yes No
- The Health Services Yes No
- Schools to which children transfer Yes No

CONSENTS:

I certify that the information I have given in this form is correct.

I confirm that I have received and read a copy of the School Booklets, the Code of Discipline, Anti- Bullying policy and a copy of the School Internet Usage Policy

I agree that the pupil enrolled herewith will be subject to those codes and policies.

I consent to the administration of all relevant screening tests to the above name pupil.

I further undertake that he/she will comply fully with all School Rules in St. Joseph's Primary School.

Parent's/Guardian's /Legal Carer's

Signature(s) _____ Date: _____

***Please return this form to the Principal, with your child's Birth Certificate. If your child was baptised in another Parish, please send in a Baptismal Certificate Please attach a copy of all assessments relating to your child's development and/or needs.**