



# CLOGHROE N.S.

Clárúimhir

Application for Enrolment in school year 20 /20

Pupil's Name: \_\_\_\_\_ Pupil's Surname : \_\_\_\_\_ Male  Female

Usual version of child's name if different from above: \_\_\_\_\_

Pupil's Nationality: \_\_\_\_\_ PPS No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone No.: (H) \_\_\_\_\_ (Mobile No. Mother) \_\_\_\_\_ (Mobile No. Father) \_\_\_\_\_

Details for School Text: (*Preferential Mobile No. and E-mail address*) Mobile No. : \_\_\_\_\_

E-mail address: \_\_\_\_\_ First Language: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Guardian's name: \_\_\_\_\_  
(if applicable)

Mother's Name: \_\_\_\_\_

Guardian's name: \_\_\_\_\_  
(if applicable)

Mother's Maiden Name: \_\_\_\_\_

Address : \_\_\_\_\_

Mother's address if different from above: \_\_\_\_\_

Father's address if different from above: \_\_\_\_\_

Name and class of brothers/sisters already in this school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Telephone No. : \_\_\_\_\_

Please give name of pre-school attended \_\_\_\_\_

If pupil has already attended a National School, please give Name & Address of former school:

\_\_\_\_\_

**Any other information which you may consider helpful** (*e.g. Allergies, Health, Family, etc.*)

\_\_\_\_\_  
\_\_\_\_\_

(Please note that, should medical concerns arise/change, parents are responsible for informing the school)

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

Religious Denomination: \_\_\_\_\_

Country where born/ethnic background: \_\_\_\_\_

Consent for the information in this box to be transferred to Dept. of Education & Skills

Yes

No

Any concerns or reports regarding **Special Needs or Child Development**  
(e.g. referral to and Occupational Therapist, Psychologist, Speech & Language Therapist, etc.)

From time to time your child may receive Support Teaching, which may be on an individual or group basis. These classes may be designed to support language development, literacy or mathematical needs, social skill training or gross and fine motor skill development.

Please tick the consent box if you are happy for your child to participate in the above support initiative. Yes  No

I/We consent to the administration of all relevant screening tests to the above named child. Yes  No

I/We accept that while in school my child may occasionally be photographed/ videoed, incidentally or otherwise. Yes  No

I/We consent to the use of the above material and/or samples of pupil's work, for display/ promotion/ publicity purposes and on school website. Yes  No

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

I/We further undertake that he/she will comply fully with all school Rules and Regulations as outlined to pupils for the duration of his/her enrolment in this school. Yes  No

I/We give my/our consent to my/our child/children to be taken out during the school year on organised and supervised school activities. Examples of such activities may include school tours (educational and leisure), workshops, exhibitions and/or sporting outings. Yes  No

I/we confirm that I/we am/are aware that the data relating to this application will be kept on file in the school. I/we am/are also aware that the data may be disclosed, as appropriate to:

***The Department of Education and Skills (Religion & Ethnic/Cultural background)*** Yes  No   
***The Health Services***

I/we confirm that I/we have seen and read, online or received a copy of the schools code of Conduct and Discipline and the schools RSE policy.

I/we agree that the pupil enrolled herewith will be subject to these codes and policies.

**Signed:** \_\_\_\_\_

(Parents/Guardians)

**Date:** \_\_\_\_\_

Please give Names and Dates of Birth of any other children in the family whom you may wish to have enrolled in future years.

Child's Name.

Date of Birth

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_