

# Enrolment Form

St. Joseph's NS, Kilcock, Co. Kildare

## PERSONAL DETAILS

<b>Pupils' first name:</b>	<b>Surname:</b>	
<b>P.P.S. number:</b>	<b>Date of birth:</b>	
<b>Religious denomination, if any:</b>	<b>Male OR Female</b>	
<b>Home phone:</b> <b>Work phone(s):</b>	<b>Mobile(s): Mother:</b> _____ <b>Father:</b> _____	
	<b>Email address:</b>	
<b>Home address:</b>	<b>Address(es) to which school related post should be sent:</b>	
<b>Siblings:</b>	<b>Place in family: (<i>eldest, youngest, middle</i>)</b>	
<b>Child's Nationality</b>	<b>Language spoken in the home:</b>	
<b>Last school attended:</b>	<b>Class in which you wish to place your child:</b>  <i>Your proposed start date for this class:</i> _____	
<b>Child minder's name: (<i>if applicable</i>)</b>	<b>Child minder's phone:</b>	
<b>Parent 1/ Legal guardian's name:</b> <i>Surname:</i> <i>First Name:</i>	<b>Occupation:</b>	<b>Nationality</b>
<b>Parent 2 / Legal guardian's name:</b> <i>Surname:</i> <i>First Name:</i>	<b>Occupation:</b>	<b>Nationality</b>

## MEDICAL DETAILS

<b>Doctor's name:</b>	<b>Phone number:</b>
<b>Child's general health (<i>allergies, eye-sight, hearing, etc.</i>)</b>	
<b>Will the school be requested to administer any medication to your son/daughter? Yes No</b> <i>(if yes, you will need to speak to the Principal teacher directly)</i>	

Has your child any Special Needs/Disability/Disorder/Syndrome for which additional support in school may be required/recommended? *Attended any Medical Specialists? Speech & Language Assessment? Educational Assessment?*

Yes No Not Applicable

If yes, I attach details & Reports:

Yes No Not Applicable

In case of emergency I give permission for my child to be taken to hospital or the school doctor by ambulance/car. *Circle response* Yes No

## OTHER DETAILS

As part of school life the Health Board, Dental Services and the Parents Council may need your contact details (*email address and/or phone number*). I give permission to the school to give my details to the above authorities. *Circle response* Yes No

I wish my child to take part in the Catholic Religious Education Programme (*Grow in Love/Alive-O*) taught in his/her school. *Circle response* Yes No

*If no, please speak to your child's teacher in relation to alternative arrangements for him/her.*

I have read the Code of Behaviour in the School Prospectus and agree to make all efforts to encourage my child's compliance with St. Joseph's Code of Behaviour. *Circle response*

Yes No

I support the wearing of the School Uniform as outlined in School Policy in the School Prospectus

Yes No

I support ALL school policies as outlined in the School Prospectus/website, including the Enrolment, Code of Behaviour, Healthy Eating, Substance Use Policy, Computers & Internet Acceptable Use Policies etc.

Yes No

I agree to the details on this Form being stored on the School Computer system as part of school records.

Yes No

I understand and agree that some of this data is automatically stored on the Primary Online Database which is accessible by the Department of Education and Skills.

Yes No

An application will NOT be considered valid until this form is complete and we are in receipt of the following:

- Original Birth Certificate (*will be copied & returned*)
- Latest Reports and School Report (*unless application is for Junior Infants*)
- PPS Number
- Signature of Parent/Guardian

Parent's signature:

Date:

If ANY of the above details change, please notify the school immediately

### OFFICE USE ONLY

For which class:

Year:

Date Application received: \_\_\_\_\_

Waiting List Place Number: \_\_\_\_\_

1. Birth Cert: Yes No

2. Baptismal Cert Yes No N/A

3. PPS: Yes No N/A

4. School report: Yes No N/A

5. Signature: Yes No N/A

Principal's signature: \_\_\_\_\_

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