

Scoil Chiaráin C.B.S.



Enrolment / Application Form Scoil Chiaráin C.B.S.

Thank you for applying for a place in Scoil Chiaráin C.B.S.. The information sought hereunder is to enable the school to better prepare for your son's entry to Scoil Chiaráin and to ensure that the necessary supports are put in place. Some information such as the PPS No. and mother's maiden name, is sought to enable the school to furnish the required detail to register your child on the Primary Online Database of the Department of Education and Skills.

Personal Information on Child

Child's Name: _____

Date of Birth: _____

Child's PPS No: _____

Number of Children in Family: _____

Child's Place in Family: _____

Nationality: _____

How long living in Ireland: _____

Language of the home: _____

Does your child have a medical card? Yes/No

NB: Parents / Guardians must inform the school of any change of details in a timely manner.

Information on Parents/ Guardians

Parent 1 / Guardian

Name: _____

Address: _____

Mobile No: _____

Parent 2 / Guardian

Name: _____

Address: _____

Mobile No: _____

Mother's Maiden Name: _____

Address where child resides: _____

Are there any family / legal issues which affect your child and of which the school should be aware? Yes / No

If yes, please give details and supply a copy of relevant court orders if applicable.

Do you wish to avail of separate or joint Parent / Teacher Meetings? Yes/No.

Email Address: _____

NB: Parents / Guardians must inform the school of any change of details in a timely manner.

Emergency Contact Details

In case of an emergency please provide two contact numbers

1. Name: _____

2. Name: _____

Relationship to child _____

Relationship to child _____

Contact No: _____

Contact No: _____

Health Information

Does your child have any medical conditions / allergies we should know about? (eg. asthma, epilepsy, diabetes or prone to anaphylactic attacks). If yes please give details.

Is your child on any medication? Yes _____ No _____

If yes, please arrange to meet with the Principal at the time of enrolment in Scoil Chiaráin
C.B.S.

Has your child suffered from any other condition that could require immediate medical attention and / or any information that should be supplied to an ambulance in an emergency?

Yes _____ No _____

Details: _____

Does your child have any dietary requirements / allergies?

Other relevant information: e.g. Loss, separation, trauma in a child's life:

Educational Information

Name of previous primary school attended by your child?

From (date) _____ to (date) _____

Does your son have special education needs? Yes _____ No _____

If yes, please contact the Principal, as soon as possible, to ensure that supports can be put in place.

Is your son currently receiving extra help from a Learning Support Teacher?

It would be helpful to supply reports from previous school/s.

Does your son have any special talents/interests?

Ethos Statement

Scoil Chiaráin C.B.S. is under the patronage of E.R.S.T. and religious instruction is in accordance with the Roman Catholic Faith.

Mission Statement:

Scoil Chiaráin C.B.S. promotes the development in each of the children, a spirit of confidence, co-operation, respect, spiritual awareness and an appreciation of their own and other cultures in an inclusive atmosphere conducive to good teaching and learning in accordance with the Edmund Rice Charter with a high emphasis on child protection.

Parental Consents

To avoid seeking the following consents each year the Board of Management has decided to seek them at enrolment for action throughout the child's time in our school.

1. I / We consent to my / our child being assessed if necessary with a view to provide extra Learning Support if available.

Signature of Parent / Guardian: _____

2. I / We consent to Scoil Chiaráin C.B.S. accessing all educational reports from your child's previous primary school.

Signature of Parent / Guardian: _____

3. I / We give permission to the school, in the event of an emergency, to contact the emergency services prior to making contact with me or with the emergency numbers provided.

Signature of Parent / Guardian: _____

4. I / We give permission for my/ our child to be brought to hospital in the case of emergency.

Signature of Parent / Guardian: _____

5. I / We give permission to the school to treat minor injuries with the use of water, antiseptic wipes and icepacks.

Signature of Parent / Guardian: _____

6. I/We give permission to the school to use my/our child's school work / photograph for inclusion on the school website and, on occasion, to be featured in the news coverage: TV, radio and newspapers.

Signature of Parent / Guardian: _____

7. I/We give permission to the school for my/our child to go on educational trips outside the school grounds.

Signature of Parent / Guardian: _____

8. I/We give permission to the school for my/our child to access the internet for educational purposes, in line with our Acceptable User Policy.

Signature of Parent / Guardian: _____

9. I/We give permission for my/our child to participate in the RSE (Relationships & Sexual Education) programmes as recommended by the Department of Education and Skills and implemented by Scoil Chiaráin.

Signature of Parent / Guardian: _____

10. I/We agree to my/our child's participation in Scoil Chiaráin C.B.S. Book Rental Scheme.

Signature of Parent / Guardian: _____

Notes:

- The Parental Consents Form will remain in place for the duration of your child's enrolment in Scoil Chiaráin C.B.S. unless written notice to the contrary is supplied to the school principal.
- All information sought above will be treated in compliance with Data Protection Policy Scoil Chiaráin C.B.S. 2015.(Due to be ratified by the Board of Management in Autumn 2015).
- No information on any pupil will be passed on to Second Level Schools prior to agreement to enrolment by that school.
- If you wish your child to receive the Sacraments, please supply a Baptismal certificate where one exists.
- P.P.S. Numbers must be provided to comply with Department of Education and Skills requirements.
- Scoil Chiaráin C.B.S. may seek to confirm any of the details provided on this form.

I have read the Enrolment/Application Form including the Parental Consents and Ethos Statement of Scoil Chiaráin C.B.S. and agree to comply with the conditions contained therein.

Signature of Parent / Guardian

Appeal: Please note there is an appeals process where admission is refused. See section 29 of the 1998 Education Act.