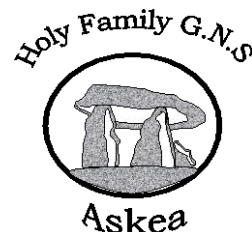




Holy Family G.N.S. Askea, Carlow



Enrolment Application Form 2021-2022

GENERAL INFORMATION:

First Name: [as per Birth Certificate]															
Surname: [as per Birth Certificate]															
Date of Birth:		PPSN													
Address:															
Siblings in school: Yes [] No [] Name of Sibling: _____															
Mother's Name		Father's Name													
Mother's Mobile No.		Father's Mobile No.													
Mother's Maiden Name		E-mail contact:													
Guardian	Yes [] No []	Guardian	Yes [] No []												
With whom does the child normally reside:		Nationality of Pupil													
		Nationality of Parent													
Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes [] No []		Pupil's country of origin													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Religion</td> <td colspan="3">Please tick only ONE of the following:</td> </tr> <tr> <td>Roman Catholic</td> <td></td> <td>Church of Ireland (Incl Protestant)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Orthodox (Greek, Coptic, Russian)</td> <td></td> </tr> </table>				Religion	Please tick only ONE of the following:			Roman Catholic		Church of Ireland (Incl Protestant)				Orthodox (Greek, Coptic, Russian)	
Religion	Please tick only ONE of the following:														
Roman Catholic		Church of Ireland (Incl Protestant)													
		Orthodox (Greek, Coptic, Russian)													
Place of baptism :															
Methodist/Wesleyan		Jewish													
Muslim (Islamic)		Apostolic or Pentecostal													
Jehovah's Witness		Buddhist													
Atheist		Baptist													
DO YOU GIVE PERMISSION FOR YOUR CHILD TO BE TAKEN TO CHURCH? Yes [] No []			Agnostic												
		Other Religions [Please specify]:													
Ethnic /Cul. Background		Please tick only ONE of the following:													
White Irish		Irish Traveller													
Any other White Background		Black or Black Irish (African)													
Asian/Asian Irish - Chinese		Asian or Asian Irish - Other Asian Background													
		Roma													
		Black/Black Irish - Other Black Background													
		Other [Please specify]:													



Holy Family G.N.S. Askea, Carlow



EDUCATION:

Pre-school/school previously attended :	
Address:	
Phone No:	
I give permission to Principal Mrs. Anne Fitzpatrick to discuss the needs of my daughter, with the manager/principal of the pre-school/school listed above. Yes [] No []	
Class Requested: Junior Infants [] Senior Infants [] 1 st [] 2 nd [] 3 rd [] 4 th [] 5 th [] 6 th []	Learning Support: Yes [] No []
Educational Assessment: Yes [] No []	SNA Access: Yes [] No []
Please attach a copy of all assessments relating to your child's development and / or needs	
Diagnosis [if any]:	Resource Hours: Yes [] No []
Other Reports [Please specify]:	Exemption from Gaelge: Yes [] No []
1.	
2.	

MEDICAL:

Name & address of family doctor:		Contact No.	
Has your child any medical conditions/ allergies? Yes [] No [] If yes please give details: _____			
Does your child appear to have any difficulties with the following? Hearing: Yes [] No [] Speech: Yes [] No [] Vision: Yes [] No [] If you have answered yes to any/all of the above please give details: _____			

EMERGENCY CONTACTS (other than parents):

1.

Name:	
Relationship to Child:	
Contact Number(s):	

2.

Name:	
Relationship to Child:	
Contact Number(s):	

CONSENTS [Please TICK 'Yes' or 'No']

YES

NO

I/We give permission for data relating to my/our child's religion to be transferred to POD (Department of Education & Skills database of primary school pupils)		
I/We give permission for data relating to my/our child's ethnic background to be transferred to POD (Department of Education & Skills database of primary school pupils)		

CONSENTS (contd.)	[Please TICK 'Yes' or 'No']	YES	NO
I/We give permission for my/our child to be photographed on occasions such as Communion, Confirmation and other school events (Halloween Walk Day, Christmas concerts, World Book Day etc.) as part of a group or on an individual basis, depending on the occasion, and in some instances to be identified by name.			
I/We give permission for my/our child's name and/or photograph to be used in relation to publicising school events and activities in our newsletter, school-related publications, local and national media. The Board of Management cannot be held responsible for photographs/videos taken by parents at school functions, outings, celebrations, or school concerts etc.			
I/We you give permission for your child's photo to be used on the school website and school twitter account.			
Sometimes journalists visit our school to take photographs of the children e.g awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, local newspapers, national newspapers, and school related activities?			
I/We give permission for my/our child to participate in 'Stay Safe' lessons on personal safety and RSE lessons on 'Growing and Changing'. In accordance with the Dept. of Education and Skills guidelines, all primary schools must fully implement the Stay Safe programme and the SPHE programme. You will be informed in advance if the lessons contain sensitive language. Further information is available from the school.			
I/We give permission for my/our child to be taken on trips off the school premises, as necessary, during the school day.			
Sometimes the school is requested to pass on names of children and their addresses and phone numbers to the H.S.E for immunisation purposes, dental appointments, hearing and vision, to our school lunch provider, to secondary schools when children are transferring to second level and to sporting bodies when children are taking part in games outside the school. Do you allow the school to pass on this information to these three bodies?			
In the event of an emergency and the school is unable to contact me/us, I/We give permission for medical attention to be sought if deemed necessary.			
I/We give permission for my/our child to undergo 'Diagnostic' testing to ascertain her educational progress. (Should any concerns arise following these tests we will contact you).			

CONSENTS (contd.) [Please TICK 'Yes' or 'No']	YES	NO
I/We give permission for my/our child to attend Learning Support, Language Support and/or Resource Support should the need arise. We will discuss the matter with		
I/We agree to the adherence to the school rules and policies and will discuss these with my/our daughter/s.		
Furthermore, I/We agree to the transfer of all files on my/our child to Holy Family G.N.S., Askea, Carlow and to her next school, on leaving.		

 Parent /Guardian

 Parent / Guardian

Date: ____/____/____

Date: ____/____/____

PLEASE ATTACH ORIGINAL BIRTH & BAPTISMAL CERTIFICATES WITH THIS FORM.
 (These will be returned to you in due course)

All information provided is strictly confidential. If any of the details in this form change – e.g. if you move house, change phone number etc.

Please inform the school at the earliest opportunity.

Please don't forget to attach a copy of all assessments relating to your child's development and / or needs.

For Office Use Only

Date Application Received: ____/____/____

Standard: Junior Infants [] Senior Infants [] 1st [] 2nd [] 3rd [] 4th [] 5th [] 6th []

Birth Certificate Y [] N [] Baptismal Certificate Y [] N []

School Report Y [] N [] Medical Report Y [] N []

Book Rental: Y [] N []