



Colehill National School Enrolment Form

Any information you give on this form will be treated with the strictest confidence and only used to evaluate your child's needs prior to enrolment. Filling in this application form does not guarantee a place in our School. Your application will not be accepted unless you enclose your child's original Birth Certificate. **FAILURE TO DISCLOSE ALL RELEVANT INFORMATION MAY RENDER THIS APPLICATION NULL AND VOID**

FOR OFFICE USE ONLY

Form Received: ____/____/____ Birth Cert Attached: Y/N Photo attached: Y/N

Letter of Acceptance sent Y/N Letter of Acceptance returned Y/N Starter Information Pack sent: Y/N

PERSONAL DETAILS SECTION: USE BLOCK CAPITALS PLEASE/Tick-Circle or Highlight:

1. Name of child as on Birth Certificate: _____ Male/Female: _____

2. Date of Birth: _____ **PLEASE ATTACH ORIGINAL BIRTH CERTIFICATE**

3. Mother's maiden Surname: _____

4. Class in which your child will be enrolled: _____

5. Name and class level of siblings already in the school: _____

PLEASE
ATTACH A PASSPORT
PHOTO

Digital Photo

Accepted

6. Number of children in the family: _____ 6. Placing of child (1st, 2nd etc.): _____

7. (a) PARENTS/Guardians: The following information on both parents is needed for registration purposes.

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Nationality: _____ Nationality: _____

Mobile No: _____ Mobile No: _____

Date of arrival in Ireland: (if applicable) _____

(b) With whom does the child normally reside: Name/s: _____

(c) Is the family a one-parent family (this includes one parent, separated and widowed families)? _____

(d) Is English the main Language spoken at home?

Yes

No

(e) What is/are the main language/s spoken at home? Please list: _____

8.Home Address: _____

9.Home Phone No.: _____ 10. Mobile No. for “text-a-parent”: _____

11. Email address of Parent(s)/Guardians(s): _____

12. 1st contact person if parent not available: Name: _____

Phone No. _____

2nd contact person if parent not available: Name: _____

Phone No. _____

13. Religion: _____ Place of Baptism (If applicable): _____

14. Country of Birth: _____

15. Ethnic or Cultural Background: Please choose one:

White Irish: _____ Irish Traveller: _____ Roma: _____ Any other white background: _____

Black/Black Irish/African: _____ Black/Black Irish- any other black background: _____

Asian/Asian Irish - Chinese: _____ Asian/Asian Irish – any other Asian background: _____

Other: _____

16. Child’s P.P.S. No. : _____ (The P.P.S. number is required by the Department of Education & Skills for registration purposes).

17. Name and address of pre-school or previous school attended: _____

18. Phone no. of previous pre-school/school: _____

I give permission to Ms. Lavelle (Principal) of Colehill National School to discuss the needs of my son/daughter, with the Manager/Principal of the pre-school/school listed above.

Yes

No

19. Name and phone no. of Family Doctor: _____

20. Has your child ever been referred to a specialist by your doctor?

Yes

No

If yes, please give brief details of referral: _____

21. Has your child any special medical needs i.e. allergies, nut allergies, asthma:

Yes

No

If yes, please give brief details: _____

22. 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 (use the back of this sheet if necessary)

23. Has your child been assessed or referred for psychological assessment i.e. behaviour, emotional etc.?

If yes, please attach all relevant details and reports.

Yes

No

24. Has your child any special educational requirements i.e., Speech Therapy, Occupational Therapy etc.?

Yes

No

If yes, please give brief details: _____

PARENTAL PERMISSION SECTION:

25. Do you give permission for your child to go on school trips under teacher supervision during the school day e.g. trips to the local town park, local historical buildings, library, Local nature trail/Greenway, sporting matches

Yes

No

26. Do you give permission for your child to consume food provided by the Hot School Meals Programme? E.g. The Lunch Bag.ie

Yes

No

27. Do you give permission for your child to be withdrawn from class for assessment, accessing extra support and/or participating in in-class support with a member of the SEN?

(Special Educational Needs) Team. Parents will be notified if required.

Yes

No

28. Do you give permission for the Principal or Special Educational Needs Co-ordinator within the school to discuss your child's needs with the SENO (Special Educational Needs Officer) for SNA access? (if the need arises)

Yes

No

29. Do you give permission for your child to be photographed for school projects, local newspapers and school related activities?

Yes

No

30. Please visit our school website www.colehillns.ie. Do you give permission for your child's photos to be used on the school website and our social media platforms?

Yes

No

31. The school teaches Relationship and Sexuality education (RSE) using the guidelines provided by the Department of Education and Science. If you would like to view the content of the programme used in the school for teaching RSE you are welcome to do so. If you have any concerns with regard to RSE please tick this box so that an appointment will be made with the Principal to discuss your concerns.

Yes

No

32. In case of serious accident/illness/emergency, I give permission to the teachers in charge to take the child to the nearest doctor.

Signed _____

33. I have read and I understand the school rules for responsible internet use and give permission for my child to access the internet.(See Internet acceptable usage policy) I understand the school will take all responsible precautions to ensure pupils cannot access inappropriate materials. I understand the school cannot be held responsible for the nature of the content of materials accessed through the internet.

Signed _____

34. We understand that Colehill National School is a catholic school that upholds the Catholic Ethos.

Signed _____

35. Is there any other information you would like us to know:

In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies including the school’s Code of Behaviour – (all available to view on www.colehillns.ie)

I agree to support the staff in their effort to provide a positive learning experience for all children in the school.

1st Parent/Guardian’s signature: _____

2nd Parent/Guardian’s signature: _____

IF ANY OF THE DETAILS IN THIS FORM CHANGE – FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY

Signature of parent/guardian: _____

Date of application: _____

PLEASE DON'T FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD’S DEVELOPMENT AND/OR NEEDS.