



## Enrolment Form

Year: \_\_\_\_\_ Class: \_\_\_\_\_

Name of Pupil \_\_\_\_\_ PPS No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

*Proof of address is required, utility bill etc*

Nationality of Child \_\_\_\_\_ Nationality of Parents \_\_\_\_\_

Language Support Required      Yes       No

Home Address

\_\_\_\_\_

\_\_\_\_\_

Eircode \_\_\_\_\_

Telephone No. \_\_\_\_\_ Religion/Denomination \_\_\_\_\_

Playschool \_\_\_\_\_

Reports given to us when available

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
(if different from pupil's)                      (if different from pupil's)

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

*Please inform school of any changes in address and/or contact phone numbers*

2 other contacts in case of emergency.

Name: \_\_\_\_\_ Number \_\_\_\_\_

Name: \_\_\_\_\_ Number \_\_\_\_\_

Name/Phone of family doctor

\_\_\_\_\_

Please note any educational/medical problems/allergies your child may have

\_\_\_\_\_

\_\_\_\_\_

*This information is sought in order to ensure inclusion through having resources applied for/in place.*

Does any legal order under family law exist that school should know about?

\_\_\_\_\_

\_\_\_\_\_

Other relevant details (e.g. medical card or social welfare entitlements)

\_\_\_\_\_

\_\_\_\_\_

Before signing below, please carefully read and understand the 'Code of Behaviour' for Castletownroche N.S. on the school website: [www.ctrns.ie](http://www.ctrns.ie).

Declaration: We declare that we have read and understand the 'Code of Behaviour' for Castletownroche N.S. We agree to abide by this code and ensure our child understands and keeps the code. We will co-operate with the staff and support the ethos of the school. If enrolled in Castletownroche N.S. we understand we must follow school policies and procedures.

Signature: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

*This document will be stored safely in the school in accordance with the School Data Protection Policy. Non-sensitive data may be shared with the Department of Education & Skills and/or HSE. Schools are required to transfer data onwards to POD and parents/guardians should be aware that they are giving their child's details for this purpose, in addition to providing it for the purpose of local school administration.*

## Parental Permission Form

We ask your permission for your child to participate in certain activities. To cut down on unnecessary paperwork and simplify record-keeping, we have included as many permissions as possible on one sheet. Please read carefully each of the items below and tick the relevant box. If you have any concerns regarding any of the items below please feel free to contact the class teacher or principal.

I hereby give permission for my child in relation to the following:	Yes	No
Permission to go on school tours, library, local educational visits/field trips and participate in school activities.	<input type="checkbox"/>	<input type="checkbox"/>
Permission for Castletownroche N.S. to take photos of my child/children during school activities.	<input type="checkbox"/>	<input type="checkbox"/>
Images of your child and his/her work may appear on our school websites or on our Class Instagram Accounts which can only be viewed by parents of the school. This is entirely for communication purposes and has been a great success. Images may be of individuals or groups. Only your child's first name will be used if at all. Do you agree to the school using your child's image and first name in this way?	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally local press photographers (e.g. The Avondhu) take photos of children. Do you agree to the School using your child's image in this way?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? (In a non-emergency it is the school's policy to inform parents/guardians if their child has had an accident in school which may require them to collect their child and take him/her home or to hospital/doctor). In an emergency it may be necessary to take the child to hospital/doctor and inform parents/guardians afterwards.	<input type="checkbox"/>	<input type="checkbox"/>
I give my child/children permission to bake, make and taste food. Please inform us if your child has any allergies.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission to allow my child to attend the Learning Support/Resource teacher as part of a group/ class if deemed necessary. If individual sessions are deemed necessary the school will inform you. If no, please put in writing and the reasons why.	<input type="checkbox"/>	<input type="checkbox"/>
On occasion we administer 'Diagnostic' tests (e.g. Neale Analysis, MIST, Belfield Infant Screening, NRIT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this?	<input type="checkbox"/>	<input type="checkbox"/>

Name/s of Child/Children

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Please give details of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing. Person who usually collects child(children)**

Phone

Phone

If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

**N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school. Proof of address must accompany application.**

- Have you read the Code of Behaviour Policy on [www.ctrns.ie](http://www.ctrns.ie)?
- Have you read the Anti Bullying Policy
- RSE Policy Consent Form
- Enrolment Application Form
- Medical Form
- Birth Certificate(picture to [office@ctrns.ie](mailto:office@ctrns.ie) ok)
- Do you consent to Aladdin Connect(for school communications)

**Note: We require reports from previous schools in order to meet the needs of your child.**

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may affect your child at school

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Has your child any physical or mental disabilities? If so are there any specific equipment/ resources that the school will require for your child?

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To be completed if your child is transferring  
from another Primary School

Previous School: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone:

What class was your child in when he/she left the school?

\_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you enclosed a copy of the most recent school report and attendance record? Yes