



Enrolment Application Form

Pupil's Details				
Pupil's Name		DOB	Attach COPY Birth Cert <input type="checkbox"/>	
PPSN	Gender	<input type="checkbox"/> M <input type="checkbox"/> F		
Address (at which the applicant resides)				
				Eircode
Name and class of Sibling(s) currently enrolled	Name		Class	
	Name		Class	
	Name		Class	
Younger siblings not yet in school			DOB	
			DOB	
Parish in which the applicant resides				
Parent(s)/Guardian(s) Details				
Name		<input type="checkbox"/> Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Legal Guardian		
Address				
				Eircode
Home Tel.	Mobile		Email	
Parent(s)/Guardian(s) Details				
Name		<input type="checkbox"/> Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Legal Guardian		
Address				
				Eircode
Home Tel.	Mobile		Email	
Signature 1		Signature 2		
Date		Date		
Does your child have any medical problems, known allergies, dietary requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify				
Does your child have any physical or emotional difficulties which might affect his/her ability to learn and/or interact with staff and students? Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify				

If your child suffers from any problem which would militate against his/her education (poor hearing/sight/speech) please state: _____

Completed enrolment applications must be returned to Shountrade National School no later than March 20th

Shountrade National School



CONSENT FORM

- 1 If you are happy to have your child's school work and photograph/digital image taken as part of school activities and included/displayed in all such records both digital and hard copy *please tick* ☐

Note: Parents/Guardians have the right to withdraw consent. If you choose to do so, please inform Principal in writing

Consent

- 2 If you are happy for your child to have supervised access to the internet *please tick* ☐
- 3 If you give permission for your child to go on school tours, matches, and events by bus *please tick* ☐
- 4 If you wish your child to take part in the **Stay Safe & RSE Programme** *please tick* ☐
- 5 If you wish your child to take part in the **Grow in Love** (Religion) *please tick* ☐
- 6 If you wish your child to receive First Penance and First Holy Communion *please tick* ☐
- 7 If you wish your child to make Confirmation *please tick* ☐
- 8 In the event of an emergency, should we fail to contact you, do you give permission to the school to deal with the situation? *please tick* ☐
- 9 If your child is on the Continuum of Support and you consent to group or individual withdrawal for support *please tick* ☐
10. If you are happy for your child to be tested by the school Special Education team, when and if needed, so as to allow us to further support your child. *please tick* ☐

Signed (Parent/Guardian)

Date
