

SCOIL CHOLMCILLE DRUMMAN**ENROLMENT FORM**

Name of child:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	Country of Birth:
P.P.S. Number:	Nationality:
Address:	Language spoken at home:
	Date & Place of Baptism:
Eircode:	
Parent/Guardians Details:	Parent/Guardians Details:
Name:	Name:
Relationship to child:	Relationship to child:
Phone No (Home)	Phone No (Home)
Phone No (Work)	Phone No (Work)
Phone No (Mobile)	Phone No (Mobile)
Email Address:	Email Address:
Name of Family Doctor & Phone No:	

Scoil Cholmcille Drumman

Pre Enrolment Enquiry

Child's Name:
Date of Birth:
Parent/Guardians Name:
Contact Number:

School Experience

Name of Previous school:		
Class:		
Has your child been referred to any other agencies, at any time, before starting school e.g. Speech Therapist, Psychologist, Social Worker, Occupational Therapist, Physiotherapist, Child and Family Services, etc?	YES	NO
If Yes, please state name of the Speech Therapist, Psychologist, Social Worker etc? <hr/>		
Should the need arise are you willing to give parental consent to contact any of the above agencies?		
Assessment is an on-going process within to-day's educational system. Are you willing to give parental consent to your child being assessed at any stage throughout their years with us?		
Do you give permission for school staff to contact your child's previous school.		

Childhood Illnesses

Has your child any specific health issues?
Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Other <input type="checkbox"/>
On Medication? YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'yes' give details and specify if medication is to be taken during school hours: <hr/> <hr/>

Have you informed your child's current school that you are considering a possible school transfer.	YES	NO
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Parent/Guardians Signature: _____

To which ethnic or cultural background group does your child belong (Please tick one) (Categories are taken from the Census of Population)

White Irish

Irish Traveller

Roma

**Any other White
Background**

Black African

**Any other Black
Background**

Chinese

**Any other Asian
Background**

**Other (inc.
mixed background)**

No Consent

What is your child's religion?

Roman Catholic

Church of Ireland
(Incl. Protestant)

Presbyterian

Methodist, Wesleyan

Jewish

Muslim (Islamic)

Orthodox

Apostolic or Pentecostal

Hindu

**Creek, Coptic,
Russian**

Buddhist

Jehovah's Witness

Lutheran

Atheist

Baptist

Agnostic

Other Religious

No Religion

No Consent

I consent for this information to be stored on Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary school my child may transfer to during the course of their time in primary school.

Signed _____ **Parent/Guardian**

Date: _____

Consent Form

Please Tick	Yes	No
Sports Outings/Activities		
Do you give permission for your child to travel on school outings & school related activities outside of school.		
D.T.(Digital Technology)		
I give consent for my child to use the computers/ ipads		

in the school in line with our Acceptable Use Policy		
School Website/Publications: I give consent for the use of school related photographic images which include my son / daughter on the school website, school facebook page or in other school publications or displays.		
Dept of Education & Skills		
I give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills.		
Medical Emergencies		
I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.		
Do you give permission for staff member to treat minor injuries.		
Personal Hygiene: Do you permission for the school to provide a change of clothing to your child in the event of getting wet/dirty or Having a toileting accident.		
Competitions		
I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.		
HSE: Do you give permission for your contact details to be forwarded to HSE for the purpose of Child Health Programmes e.g. Dental / Hearing & Vision.		
Do you give permission for your child to receive support from the Learning Support Staff.		
Relationships & Sexuality Education: Do you give permission for your child to take part in the RSE Programme & Stay Safe Programme.		
Do you give permission for your mobile number to be used in textaparent.		
Have you attached?	Yes	No
Birth Certificate		
Baptismal Certificate		

Both Parents/ Guardians to sign

I/ we wish to enrol my/our child in Scoil Cholmcille Drumman

I/ we have received and read a copy of 'School Rules & Procedures' We will co-operate with staff and support the ethos of the school.

Signed: Parent/Guardian Date:

Signed: Parent/Guardian Date: