

SCOIL CHOLMCILLE DRUMMAN

ENROLMENT FORM

Name of child:	Male ____ Female ____
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? _____		
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 __ Epilepsy __ Diabetes __ Allergies __ Other __
On Medication? YES __ NO __
If 'yes' give details and specify if medication is to be taken during school hours: _____ _____

Have you informed your child's current school that you are considering a possible school transfer.	YES	NO

Parent/Guardians Signature: _____

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 ____		

Roman Catholic ____	Church of Ireland ____ (Incl. Protestant)	Presbyterian ____
Methodist, Wesleyan ____	Jewish ____	Muslim (Islamic) ____
Orthodox ____ Creek, Coptic, Russian	Apostolic or Pentecostal ____	Hindu ____
Buddhist ____	Jehovah's Witness ____	Lutheran ____
Atheist ____	Baptist ____	Agnostic ____
Other Religious ____	No Religion ____	No Consent ____

Signed _____ **Parent/Guardian**
Date: _____

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 give 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 textparent.		
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: