



Killoughteen National School
Killoughteen, Newcastle West Limerick

Tel: 069-61195
info@killoughteenns.com
www.killoughteenns.com

Killoughteen National School Enrolment Form 20__/__

| | | | |
|--|--|-----------------------|--|
| Class Applied for: | | | |
| Name of Child (<i>as per Birth Cert</i>): | | | |
| Address at which child resides: | | | |
| Contact Telephone No: | | | |
| PPSN: | | | |
| Date of Birth: | | | |
| Nationality: | | | |
| Country of Birth: | | | |
| If not born in Ireland, date on which child arrived in Ireland: | | | |
| Mother's Nationality: | | Father's Nationality: | |
| Mothers (Guardian) Name: | | | |
| Work Phone: | | Mobile Contact: | |
| Email address: | | | |
| Fathers (Guardian) Name: | | | |
| Work Phone: | | Mobile Contact: | |
| Email address: | | | |
| Is the child living with both parents? | | | |
| Position of child in family (1 st , 2 nd , 3 rd , etc): | | | |
| Number of children in the family: | | | |
| Religious denomination: | | | |
| If your child is baptised, please state where baptism took place: | | | |
| Date of baptism: | | | |
| Did your child attend preschool? | | | |
| For how long? | | | |
| Where did the child attend preschool? | | | |
| Did your child ever take a psychological assessment? | | | |
| Has your child ever received a speech & language report? | | | |
| Name of siblings in the school (if applicable): | | | |



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Please give names, addresses and phone numbers 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(ren), if different from parents:

| Name | Relationship to child | Contact Phone Number |
|------|-----------------------|----------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. 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.**

Other relevant information:

Medical Information

| | | | | |
|---|--|-----------|-----|----|
| Doctors Name: | | Phone No: | | |
| Does your child have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school? | | | YES | NO |
| Details: | | | | |
| Do your child/children have an allergic reaction to medication or food? It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. | | | | |
| Is there any other relevant information about your child/children which we should know? | | | | |

Medical Emergency/Accident

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

Parent/Guardian(s) Signature:



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School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An unexpected closure of the school
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils

If your child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact you, please provide the name, telephone number of two **other people** you nominate for us to contact. We will ask this person to come and collect your child/children.

Person the school will contact:

| Name | Relationship to child | Contact Phone Number |
|------|-----------------------|----------------------|
| 1. | | |
| 2. | | |

Consent

| | YES | NO |
|--|-----|----|
| I consent to my child's participation in the RSE (Relationships and Sexuality Education) Programme. | | |
| I consent to my child's participation in the Stay Safe Programme. | | |
| Screening Tests are carried out in the school on all children from infants to 6 th Class. I allow my child to do these tests. | | |
| During your child's time in Killoughteen NS, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child. | | |
| I give permission to allow my child to attend the Special Education Teacher (SET) if deemed necessary. | | |
| I give permission to allow my child's photograph/image to be included in school-related activities, competitions etc. | | |
| I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc. | | |
| Parent/Guardian(s) Signature: | | |



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Declaration

I acknowledge that I have read and accepted the Schools Code of Behaviour and Anti-Bullying Policy of Killoughteen NS. (available on the school website)

When you register your child in our school, it should be noted that a condition of registration is acceptance of all school policies and procedures.

I wish to enrol my child (name of child):

I declare the above information to be correct.

In accepting an offer of admission from Killoughteen National School, you must indicate the following:

I **have/ have not** accepted an offer of admission from another school. **(Delete as appropriate.)**

Details of other school(s);

I **have/have not** applied for and **am/ am not** awaiting confirmation of an offer of admission from another school or schools. **(Delete as appropriate)**

| | | |
|--|--|--|
| Parent/Guardian(s) Signature: | | |
| Date: | | |

***Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised) with this form. These documents will be photocopied and returned to you.**

| | | | |
|---------------------------------|------------------------------|-----------------------------|---|
| OFFICE USE | | | |
| Principal's signature: | _____ | | |
| Date: | _____ | | |
| Birth Certificate received: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Baptismal Certificate received: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not applicable <input type="checkbox"/> |



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