**CHILD’S DETAILS**

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(as per birth certificate) (as per birth certificate)

**Name by which child is known**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy 🞎 Girl 🞎

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PPS No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address at which the child resides** (proof of Address required utility bill-ESB/Telephone No.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s place in family** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nationality** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if not born in Ireland, date on which child arrived in Ireland: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Siblings already at school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religion**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Baptism**:(if relevant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Baptism:** (if relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name & Address of Pre School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1st year completed Yes 🞎 No 🞎**

**2nd year completed Yes 🞎 No 🞎**

**Permission to liaise with Pre School Yes 🞎 No 🞎**

**Is one of the pupil’s mother tongues (i.e. language spoken at home) Irish or English**

 **Yes: 🞎 No: 🞎**

**Language spoken at home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**English Language Ability** (if relevant): Please tick one of the following

Poor 🞎 Basic understanding: 🞎 Competent Language Skills 🞎

Do you need help with English Translation? Yes 🞎 ; No 🞎

**Who do we contact to help Parents with English translation (if relevant**)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

**I wish to enrol my Son/Daughter as a pupil of Scoil Cholmcille Primary School. If my child is accepted for entry, I hereby undertake for myself and for him/her to observe the rules and regulations of the school.**

**Parent’s/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENT**

**Do you give Parental Consent in these instances**:

 Our Code of Behaviour ensures that desirable behaviour is rewarded

 and that all pupils are treated fairly and equally. **Do you comply with**

(1) The School Code of Behaviour Yes 🞏 ; No 🞏

(2)The RSE and Stay Safe ProgrammesYes 🞏 ; No: 🞏

(3) Assessment in Literacy and Numeracy Yes 🞏 ; No: 🞏

**SCHOOL WEB/SCHOOL LITERATURE AND MEDIA**

Please browse the web to see lots of displays, pupils’ work, information and developments that are taking place in Scoil Cholmcille Address: [www.scoilcolmcillelk.ie](http://www.scoilcolmcillelk.ie)

Should you not wish to consent your child to appear on our school web site, or on our new class blogs, or on our school literature and media, please write a note into the secretary within four weeks of your child’s starting date.

I/We consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEESAW**

Seesaw (<http://seesaw.me>) is a secure online online journal where students can document and reflect on what they are learning in class.

I give consent for my child, to use Seesaw for class activities.

I/We consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent(s)/Guardian(s).

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 We gather and process your child’s personal data for the purpose of administering the education of your child. To facilitate this, we will input your child’s data into the school’s Management Information System, Aladdin. Aladdin is a secure software as a service application, which is owned and run by Cloudware Ltd. (T/A/ Aladdin Schools), from where the data is only processed for the above purpose.

**MOTHER’S DETAILS**

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language spoken at home: \_\_\_\_\_\_\_\_\_\_\_

Present Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FATHER’S DETAILS**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language spoken at home: \_\_\_\_\_\_\_\_\_

Present Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Tel. No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile Number to be used for TEXT-A-PARENT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Mother or Father’s mobile number)

**Arrangements if child is sick in school:**

Please provide the name and telephone numbers for two people that the school may contact in the event of being unable to reach you:

(1) Name of person to collect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relation to parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Name of person to collect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_

 Relation to parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is the child’s legal guardian? Mother 🞎 ; Father: 🞎 ; Other: 🞎

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child to contend with any special home difficulties that may require our additional support: Yes 🞎 ; No: 🞎

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POD INFORMATION**

**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 Other (inc. 🞎 background 🞎 mixed background

No consent 🞎

**What is your child’s religion?**

Roman Catholic 🞎 Church of Ireland 🞎 Presbyterian 🞎

 (Incl. Protestant)

Methodist, Wesleyan 🞎 Jewish 🞎 Muslim (Islamic) 🞎

Orthodox 🞎 Apostolic or Pentecostal 🞎 Hindu 🞎

Greek, Coptic, Russian

Buddhist 🞎 Jehovah’s Witness 🞎 Lutheran 🞎

Atheist 🞎 Baptist 🞎 Agnostic 🞎

Other Religions 🞎 No Religion 🞎 No consent 🞎

**I consent for this information to be stored on the 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Developmental Checklist**

 **Normal Abnormal**

**Birth History** 🞎 🞎 **Comment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Developmental Milestones** Yes No

Walking (by 18 months) 🞎 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Talking (by 2 years) 🞎 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toilet Trained (by 3 years) 🞎 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick (✓) as appropriate:**

 **Satisfactory** **Unsatisfactory** **Comment**

1. Vision 🞏 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Hearing 🞏 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Physical Coordination 🞏 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Speech 🞏 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Temperament 🞏 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Sociability 🞏 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? Yes 🞏 No 🞏

**SPECIFIC HEALTH WEAKNESSES/ALLERGIES**

Has your child any specific health weakness? If so please answer yes/no and give details of medications etc. which we should know about.

Asthma Yes 🞎 No 🞎

Psoriasis/Eczema Yes 🞎 No 🞎

Diabetes Yes 🞎 No 🞎

Epilepsy Yes 🞎 No 🞎

Any other health weakness Yes: 🞎 No 🞎

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Does your child have an allergic reaction to medication for food?

 Yes 🞎 ; No: 🞎

If yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child on any medication? If yes, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following documents must accompany this form:**

 **Received**

**Birth Certificate Yes** 🞎 No 🞎

**Proof of Address Yes** 🞎 No 🞎

**Baptismal Certificate (where appropriate) Yes** 🞎 No 🞎

**PPS No. Yes** 🞎 No 🞎

**FOR OFFICE USE ONLY**

Date of Entry to School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Certificate Received Yes 🞎 No: 🞎

Baptismal Certificate Received Yes 🞎 No: 🞎

School Fees paid Yes 🞎 No: 🞎

School Reports Provided Yes 🞎 No: 🞎

Information entered on POD Yes 🞎 No: 🞎

Information entered on Aladdin Yes 🞎 No: 🞎

 **Your Child Matters**



 **Junior Infant**

 **ENROLMENT FORM**

 **Pupil’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**