



St. Joseph's Girls National School,
Convent Road, Clonakilty, Co. Cork P85 AX90

☎ 00 (353)23 8833050

✉ info@stjosephsclon.com

🌐 www.stjosephsclon.com

Principal: Mr Conor Mulcahy Deputy Principal: Ms Sarah Geaney RCN 20112073/ Roll No: 07651G

St. Joseph's Girls National School

Enrolment Application Form

Child's Name:	
Year to start school:	

***Please complete this form and ensure that you have included a copy of your child's Birth Certificate and PPS Number**

Please note completion of this form does not guarantee your child a place in the school. We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information System, Aladdin.

Official Use only		Notes
Birth Certificate		
PPS No.		
Medical Issues		
SEN		

CHILD'S DETAILS

First Name:							
Surname							
First Name and Surname as on Birth Certificate: (if different from name above)							
Address of Child:							
Child Resides with	Both Parents	Mother	Father	Guardian			
Eircode:							
Date of Birth:				Country of Birth:			
If not born in Ireland, date on which child arrived in Ireland:							
Child's P.P.S Number:				Nationality:			
Mothers Birth Surname:				Is one of the pupil's mother tongues English?	Yes	No	
Main Language/s spoken at home:				Religion:			
Number of children in the family:				This child's place in the family:			
Sister/s name & class attending this school:							
Preschool attended:				For how long?			

If both parents are legal guardians and available for contact purposes, please fill out the following details of both. If you change your mobile number during the school year, please update immediately on your child's profile in Aladdin.

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access/collect their child during school hours. Please inform the school immediately if there is any change in this regard.

MOTHER/ GUARDIAN DETAILS

First Name & Surname							
Mobile No:							
Address:							
				Eircode:			
Email:				Occupation:			
Work Contact No:				Nationality:			

FATHER/ GUARDIAN DETAILS

First Name & Surname							
Mobile No:							
Address							
				Eircode:			
Email				Occupation:			
Work Contact No.				Nationality:			

Emergency Contacts and/or contact details of people who have permission to collect your child from school. If there is any change in this routine please inform the school in writing.

Name:		Mobile	
Name:		Mobile	
Name:		Mobile	

In the event of a **Medical Emergency/ Accident**, every effort will be made to contact you. Please authorise by signing below that at their discretion a member of staff may bring my child to a Doctor/Hospital if an emergency arises.

Signed
(Parent/Guardian)

Doctor: _____ Doctor's Tel. No _____

Does your child have any specific medical condition (e.g. asthma, eyesight, hearing etc) Emotional problems/mental health issues which may affect your child at school?

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

Has your child any physical disabilities? If so are there any specific equipment/resources that the school will require for your child? Attach additional info if needed.

Is there any other relevant information about your child which we should know?

Particular or Special Needs _____

Other agency/department involved: _____

Reports/Assessments e.g. Speech & Language Report/ Psychological Assessment (Please provide)

Please read the following school policies on our school websites and sign the permission below accordingly: Enrolment Policy, Code of Behaviour, Internet Policy and the DES (Department of Education and Skills), POD Requirements

I consent to my child's participation in the Stay Safe Programme

I consent to my child's participation in the RSE Programme

Educational Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

During your child's time in St. Joseph's GNS, 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.

Having consulted with the class teacher, I give permission to allow my child to attend the Learning Support/Resource teacher, if deemed necessary.

I give permission to allow my child's photograph/image to be included in school-related

	activities, competitions, school website, school newsletter 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
	I have read and accepted the Admissions / Enrolment Policy, Code of Behaviour, Anti- Bullying Policy, Child Protection policy and Homework Policy of St. Joseph's GN (available on school website). I've discussed the above with my child and I agree to abide by same.
I wish to enrol my child	
Signed:	
Date	/
If you require any additional information on St. Josephs GNS, Clonakilty please call the office or alternatively look at our school website www.stjosephsclon.com	

Complete this section, if you are applying for your child to transfer from another primary school.			
Previous School:			
School Address:			
School Email:		Eircode:	
Phone No. of school		Principal:	
What class is your child in at the moment?			
Reason for transfer:			
Please note: The principal, on behalf of the Board of Management, will contact the Principal of the school from which it is requested to transfer to St. Joseph's Girls National School. Parents wishing to transfer will be informed of this policy and of the Principal's intention to discuss all aspects of the pupil's behaviour and academic progress. All information will be treated in the strictest of confidence.			
Have you enclosed the most recent school report & attendance record?	Yes	No	

<u>Annual Consent for activities during this current school year</u>			
During the course of the school year, all classes undertake a variety of different activities outside the school premises. These include, for example, football training, football matches, basketball, athletics, library visits, history/educational walks, visits to the Church for Confirmation / Communion practice and any other activities that may arise. When we take the children on these outings, we increase the level of supervision to meet the needs of the particular activity. Any activity that needs payment e.g. school tours will require a separate permission slip. If you do not wish your child to take part in any particular activity, please send in a letter with your child to his/her teacher stating so.			
By signing below, I consent to allow my child to take part in all of the activities that will arise throughout this school year.			
Name of Child:			
Parent Name		Parent Signature	