

# Scoil Naomh Pádraig, Killawalla

## Enrolment Form 2023/2024

### SECTION A:

### CONTACT AND FAMILY DETAILS

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Address: (please print)** \_\_\_\_\_

**EIRCODE:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

*Note: religion is not an admissions criterion and is for information purposes only*

**PPSN of child:** \_\_\_\_\_

**Previous school** i.e. (Childcare Setting/Pre-Primary Education/Early Start Programme/From Home)

**Parents Name:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email: (please print)** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email: (please print)** \_\_\_\_\_

Details of siblings:	Name:	Date of Birth:
	_____	_____
	_____	_____
	_____	_____

**SECTION B:****HEALTH**

Does your child suffer from any allergies: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has your child attended Speech and Language Therapy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

(If yes, please include report from therapist)

Has your child been assessed for any other concern? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Any additional educational support that your child may require:

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Please give details of any health conditions (asthma, eyesight, hearing, etc.).

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**SECTION C:****PERMISSIONS**

**Names / Phone numbers of persons who have permission to collect your child at school.**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Custody Issues:** In the case of a custody dispute who has **legal** rights to collect your child from school?

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**Accident:**

In the event your child has an accident during school hours, which, In the opinion of the school authorities, would necessitate medical attention, the policy of the school is:

That your child be sent to Accident and Emergency

or

Your child will be seen by any available doctor

**Family doctor:** \_\_\_\_\_

**Illness / Accident:**

If your child should become ill, during school hours, and there is no reply to a telephone call to your home, please give the contact details of two persons we may phone.

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**SECTION D:****PARENTAL / GUARDIAN CONSENT**

Our Admissions Policy is on our website – [www.killawallaschool.ie](http://www.killawallaschool.ie). A copy of this is also available from the secretary's office on request. The school Code of Behaviour and Anti Bullying Policy may also be viewed on the school website. **Please read the following carefully and then tick the boxes as appropriate.**

**I / we, the parent(s) / guardian(s) of the above named child confirm:**

I / we have read and understood the school Admissions Policy.	
I/We accept that the school will keep information provided on file, and where necessary, will share information we hold concerning my/our child with the Department of Education and Skills.	
My child may participate in standardised school tests (Drumcondra, MIST etc.)	
The school may send me texts and emails regarding school events.	
I/we, understand my child may be brought out of school for trips (nature walks, tours)	
I/we 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, Presbytery, Secondary Schools, sporting events and school related activities etc.	
I/we give permission to allow my child's photograph/image/ work to be included in school-related activities, competitions, school website & school online media (please consult the school's Acceptable Use Policy: children's names and photos never appear together) etc.	
I / we have read the Code of Behaviour and the Anti Bullying Policy. I / we agree to assist the school in upholding the standards set out in these policies	

I wish to enrol my child \_\_\_\_\_ in Killawalla NS.

I declare the above information to be correct and I consent to all of the above and understand that it will be treated as confidential.

PARENT 'S /GUARDIAN 'S SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

PARENT 'S /GUARDIAN 'S SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

Please ensure that you have included an original Birth Certificate.

PRINCIPAL 'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

