

# Castletownshend National School

Gurranes,  
Castletownshend  
Co. Cork P81VY73  
**028 36392**  
**castletownshendns@gmail.com**  
[www.castletownshendns.ie](http://www.castletownshendns.ie)  
Principal: Mrs. Isobelle Nealon

## APPLICATION FOR ENROLMENT FORM

CONFIDENTIAL

**For office use only: Registration Number:** \_\_\_\_\_

*The department of Education and Skills employs an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Department of Education. Further information is available on the Department's [www.gov.ie](http://www.gov.ie) on D.E.S. Data Protection Policy on the use of POD*

**Please complete this form in CAPITAL LETTERS and return to the school. This form will be retained by the school.**

The Data required for POD is marked with an asterisk\* and will only be entered on POD if your child enrolls in the school. All other information requested is required for the efficient running of the school.

### Child and Family Details

\*Child's Name: .....

\* Date of Birth: ..... \* P.P.S. No. of Child .....

\*Child's Name on Birth Certificate .....

\* Mothers Maiden Surname: ..... (Only required if there is no PPS No. for child)

\*Child's Address: .....

..... \*Post Code: .....

\*Language spoken at home: .....

\*Child's Religion: .....

Place of Baptism (if applicable): .....

*The following two questions are considered sensitive data categories under the Data Protection legislation therefore it is necessary for each parent to identify their child's religion and ethnic background and to consent for this information to be transferred to the Department of Education and Skills Primary Online Database (POD)*

\*To which ethnic or cultural background group does your child belong?

Categories are taken from the Census of Population. Please tick one.

- |   |                          |                            |                          |
|---|--------------------------|----------------------------|--------------------------|
| White Irish:  | <input type="checkbox"/> | Irish Traveller:           | <input type="checkbox"/> |
| Roma:   | <input type="checkbox"/> | Any other White Background | <input type="checkbox"/> |
| Black African:  | <input type="checkbox"/> | Any other Black Background | <input type="checkbox"/> |
| Chinese   | <input type="checkbox"/> | Any other Asian Background | <input type="checkbox"/> |
| Other (including mixed background) <input type="checkbox"/> |                          |                            |                          |

\* What is your child's religion?

- |  |                          |                                    |                          |
|--|--------------------------|------------------------------------|--------------------------|
| Roman Catholic:  | <input type="checkbox"/> |                                    |                          |
| Church of Ireland (including Protestant) Presbyterian <input type="checkbox"/> |                          |                                    |                          |
| Methodist, Wesleyan:   | <input type="checkbox"/> | Jewish                             | <input type="checkbox"/> |
| Muslim (Islamic)   | <input type="checkbox"/> | Orthodox (Greek, Russian, Coptic): | <input type="checkbox"/> |
| Buddhist:  | <input type="checkbox"/> | Jehovah's Witness:                 | <input type="checkbox"/> |
| Lutheran:  | <input type="checkbox"/> | Atheist:                           | <input type="checkbox"/> |
| Baptist:   | <input type="checkbox"/> | Agnostic:                          | <input type="checkbox"/> |
| Other Religions:   | <input type="checkbox"/> | No Religion:                       | <input type="checkbox"/> |

**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 schools my child may transfer to during the course of their time in primary school.**

**Signed:** \_\_\_\_\_ **Parent / Guardian Date:** \_\_\_\_\_

***The Following information is required for the efficient running of the school and will not be uploaded to POD. All information is treated with the utmost confidence and will not be shared without your consent.***

Mother's Name: ..... Father's Name: .....

Address: (if different from child's address) ..... Address: (if different from child's address) .....

.....

.....

.....

Mobile Number: ..... Mobile Number: .....

Home/Work No. .... Home/work No. ....

Mother's email: ..... Father's email: .....

Mother's nationality: ..... Father's nationality: .....

Child lives with (tick): Both Parents [ ] Mother: [ ] Father: [ ] Other: [ ]

Please inform the Principal in strictest confidence of any particular family circumstance or arrangements applying to your child.

Child's Legal Guardian/s (tick) Both Parents: [ ] Mother: [ ] Father: [ ] Other [ ]

Does any legal order under Family Law exist that the school should know of? Yes [ ] No [ ]

Number of children in the family: .....

Has he/she brothers/sisters in the school? Yes [ ] No [ ]

Names and ages of siblings:

Name: ..... Age: ..... Class: (if applicable) .....

Name: ..... Age: ..... Class: (if applicable) .....

Name: ..... Age: ..... Class: (if applicable) .....

Name: ..... Age: ..... Class: (if applicable) .....

### **Aladdin Connect**

The school uses the Aladdin Connect App to communicate with parents quickly and easily. An invite to register for Aladdin Connect will be sent to the contact details you have provided before your child begins their first school term if your child enrolls.

Mobile Number you wish to be contacted on by school's text messaging service: .....

**Contact via email**

I wish to receive any school correspondence to the following email address:

.....

Is it necessary for school reports, notice of meetings etc. to be sent separately to parents?

Yes [ ] No [ ]

**Emergency Contact Sequence:**

Should we be unable to contact you, please provide details of three people who may be contacted in the event of an emergency.

Name: ..... Tel: ..... Role: (e.g. Granny, Aunt etc.) .....

Name: ..... Tel: ..... Role: .....

Name: ..... Tel: ..... Role: .....

**Medical and Health Information.**

Doctor's Name: ..... Telephone Number: .....

In the event that we are unable to contact you or your emergency contact nominees, do we have permission to seek professional medical advice? (GP or hospital) Yes [ ] No [ ]

Has the child any Medical Conditions? e.g. asthma, epilepsy, diabetes, fainting, severe allergies etc?

yes [ ] No [ ]

If yes please give details: .....

Medication: .....

If your child requires prescribed medication in school, please complete an Administration of Medicine Form (available from the office) and return with this form.

Please give details of any condition/ illness/ special needs which you feel could affect your child during the school day and should be brought to the attention of the class teacher: .....

.....

.....

Do you give permission for your child to be treated for minor accidents (e.g. cuts, grazes)?

Yes [ ] No [ ]

Please ensure that you familiarise yourself with the school's accident policy.





## Parental/ Guardian consent

Please ensure that you complete this section of the form. Any consent given will apply for the duration of your child's education in Castletownshend N.S. and can be withdrawn in writing by you at any point.

### Internet usage

Do you give permission for your child to use the school internet in accordance with the school internet policy: Yes  No

### School Trips

Do you give permission for your child to go on school tours, local educational visits/ field trips and to participate in school activities (e.g. matches, quizzes etc.)

Yes  No

### Local Press Photography

On occasions such as Communion, Confirmation and school events, local press photographers may take group photos of children and in some instances identify the children by name.

Do you agree to the school using your child's image in this way?

(Please note that removing a child from the a photo the rest of their class is involved in can be upsetting for the child) Yes  No

### Photography, School Website and Facebook

Our school likes to celebrate your child's work and achievements. As a result, images of your child and his/her work may appear on our website, facebook page or in school publications. Best Practice will always be followed and children are usually only photographed at a distance or in groups. Your child will only be identified by name if previously agreed with you.

Do you give permission to Castletownshend N.S. to take and use photographs digital images of your child for use in school related printed publications or materials, electronic publications, school website, school facebook page and classroom displays? Yes  No

### HSE

Annually the school is asked to provide information to the HSE to facilitate their work, immunizations, sight and hearing tests and dental appointments etc.

Do you give permission for your child's details to be made available to the HSE? Yes  No

### Medical Emergency

Do you give permission for your child to be taken immediately to a doctor or hospital in the case of a serious illness /accident? Yes  No

## **Catholic Ethos**

The school provides Religious Education for Catholic pupils and preparation for the Sacraments of Reconciliation, First Communion and Confirmation, in accordance with the doctrines, practices and traditions of the Roman Catholic Church.

### Please Note:

There is no obligation for pupils of other faiths to participate in these classes. We are unable to remove your child from their classroom during R.E. lessons, therefore they will be doing another activity in their classroom during religious instruction.

Symbols of the Catholic faith are visible throughout the school and each classroom has a sacred space. Prayers are said in class and there is daily religious instruction using the Grow in Love Programme.

We attend mass and prayer services in St. Barrahané's Catholic Church during the school day to celebrate the start and end of the school year, Christmas, Easter, other Catholic feast days and on the first Friday of each month.

Our annual Christmas concert is held in the church and all classes participate.

I give permission for my child to be instructed in the Catholic faith. Yes  No

I give permission for my child to attend services and other occasions in the Catholic Church as a member of the school community. Yes  No

## **Code of Conduct and School Ethos**

**By signing this enrolment form you are indicating that you have read and accept our Code of Conduct and our school ethos. You also make a commitment to encourage your child/ children to observe and obey school policies at all times.**

**Signature of Parent/ Guardian : ..... Date: .....**

**Signature of Parent/ Guardian : ..... Date: .....**



**To be completed only if your child is transferring from another Primary School**

Name of Previous School : .....

School Address: .....

.....

.....

School Telephone No. ....

Principal's Name: .....

Your child's current class: .....

Class Teacher's Name: .....

Please enclose a copy of your child's most recent school report.

Is your child receiving learning Support? Yes [ ] No [ ]

If yes please tick areas support is provided in Literacy [ ]

Numeracy [ ]

Other [ ]

Does your child have an entitlement to Resource teaching hours? yes [ ] No [ ]

Please include copies of Reports (Psychological/ OT/ Speech and Language etc.

Does your child receive English as a Second Language Support? Yes [ ] No [ ]

Please note: The Principal on behalf of the Board of Management, will contact the Principal of the school from which your child is transferring to discuss the pupil's academic progress and behaviour. All information will be treated with the strictest confidence.

**Please ensure that you have enclosed:**

1. Copy of Birth Certificate Yes [ ] No [ ]
2. Copy of Baptismal Certificate if baptised outside of Castlehaven Parish (if applicable)  
Yes [ ] No [ ]
3. Copy of your child's most recent school report? Yes [ ] No [ ]
4. Copy of Speech and Language Report/ Occupational Therapy Report/ Psychologist Report (if applicable ) Yes [ ] No [ ]

**Signature of Parent/ Guardian :..... Date: .....**

**Signature of Parent/ Guardian :..... Date: .....**

