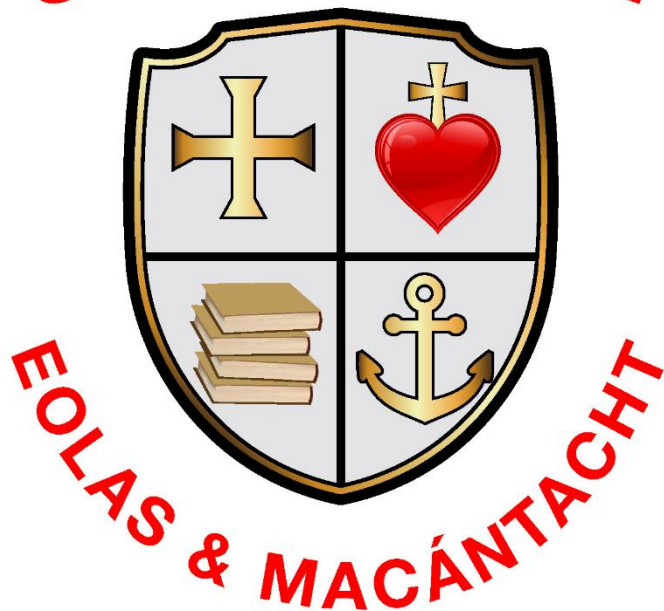


St. Mary's N.S.



**APPLICATION
FORM FOR
ENROLMENT**

St. Mary's N.S.,
Virginia,
Co. Cavan
049 8547035
info@virginians.ie
www.virginians.ie
16083T

1. Personal Details;

Name of Pupil; _____

Date of Birth; _____ Female Male

Address; _____

Eircode; _____

Class you wish your child to be enrolled in; _____

Date you wish your child to first attend; _____

Additional information for Primary Online Database (POD)

Birth Certificate Forename if different to above; _____

Birth Certificate Surname if different to above; _____

Nationality of child; _____

PPS No.; _____

Mother's maiden name; _____

Your child is coming from? (please circle relevant category)

- | | |
|---|-------------------------------------|
| Another Mainstream National School in the State | Private Primary School in the State |
| Childcare setting/Pre-primary education/Early start programme | Special school in the State |
| From home/not in any school/childcare setting/pre-primary education | School amalgamation |
| School abroad (excluding Northern Ireland) | School in Northern Ireland |
| Other | |

Is one of the child's mother tongues (i.e. language spoken at home) English or Irish? YES NO

Does the child have an Irish exemption? YES NO

If YES, for howlong? _____

Reason for the exemption;

In which class type do you wish to enrol your child?(please circle relevant category)

- | | |
|------------|--|
| Mainstream | Special Class for children with Moderate educational needs |
|------------|--|

To which ethnic or cultural background group does your child belong? (please circle relevant category)

- | | |
|---------------------------------|---|
| White Irish | Irish Traveller |
| Roma | Any other White Background |
| Black or Black Irish – African | Black or Black Irish – Any other Black Background |
| Asian or Asian Irish – Chinese | Asian or Asian Irish – Any other Asian Background |
| Other (Incl. Mixed Back ground) | No Consent |

If your child requires emergency medication during the school day, please read and familiarise yourself with the school's "Administration of Medicines Policy" available by request from the school office.

Will you be submitting a request to the school to administer emergency medication to your child? YES NO
(subject to Board of Management approval).

It is the responsibility of the Parent(s)/Guardian(s) to notify the school of any medical conditions/illnesses/allergies that the child may have. Please give details that the school should be aware of;

Medication prescribed;

Please give details of;

Hearing or sight difficulties

Speech or language difficulties

Does your child have any special needs?

YES NO

If yes, please give details

Does your child have any behavioural difficulties?

YES NO

If yes, please give details

Does your child have any emotional difficulties?

YES NO

If yes, please give details

If your child has attended any of the following? (please circle the relevant category)

Speech and Language Therapy

Psychologist

Counselling

CAMHS

Social Worker

Occupational Therapist

Enable Ireland

Please give details of any of the above agencies attended or assessments carried out;

If there are written reports in relation to any of the above, a copy must be provided to the school to help us cater to your child's specific needs.

(If you have circled any of the above, please ensure that you speak to the principal.)

4. Educational Details;

Name of preschool attended; _____

Attended from; _____ to _____

Address of primary school; _____

School telephone number; _____

Attended from; _____ to _____

Classes; _____

Reason for leaving this school; (reports from previous school must be included with this application)

Is your child in receipt of any of the following? (please tick as appropriate)

Learning support; YES NO

If YES, for how long?

Resource Teaching; YES NO

If YES, for how long?

Special Needs Assistant; YES NO

If YES, for how long?

If you answered YES to any of the above, please give details of the support.

Any other needs that the school should be aware of;

Other Information;

In the interest of the pastoral care of your child, it would be helpful for us to be informed regarding educational difficulties, health, bereavment, domestic circumstances etc. Please contact the principal or class teacher to discuss same.

If any legal order under Family Law exists in relation to this child / arrangements in place governing access, or custody of the child, the school requires details and supporting legal documents.

5. Consents;

I/We consent that my child may receive any necessary medical care from a doctor, ambulance crew, hospital, etc. in the event of an accident/illness/emergency occurring. I understand that the school authorities will make every effort to contact me.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I/We consent to my child going on supervised school outings, such as local history walks, school trips, sports events, church events, etc. Parental consent for trips requiring transport will be requested separately.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I/We consent to in-school educational screening and diagnostic tests to be administered to my/our child/children. Parents/guardians will be contacted if follow-up learning support is deemed appropriate.	YES <input type="checkbox"/> NO <input type="checkbox"/>

I/We consent to have records relating to my child (eg school reports, psychological reports, assessment test results, and any other relevant information) passed to such other schools in which s(he) is enrolled for the future.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I/We accept the guidelines for internet use as outlined in the Acceptable Use Policy, and give permission for my/our children to access the internet under the terms of the policy.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I/We consent to my/our child's work/photograph/video clip being displayed within the school or published in school print productions, in local/national press or on the school's website. Parental/Guardian consent to use names/contact details will be requested separately.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I/We consent to allow my/our child's name and date of birth to be shared for entry to school quizzes/sports competitions etc.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I/We consent to this school contacting any previous education/medical/specialist provider in order to access necessary information about my/our child.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Under SECTION 26(4) OF THE HEALTH ACT, 1947 a School shall cause all reasonable facilities (including facilities for obtaining names and addresses of pupils attending the school) to be given to a health authority who has served a notice on it of medical inspection, e.g. a dental inspection	
Under SECTION 28 OF THE EDUCATION (WELFARE) ACT, 2000 , the School may supply <i>Personal Data</i> kept by it to certain prescribed bodies (including the Department of Education and Skills, Department of Social Protection, An Garda Síochána, social workers or medical practitioners, National Educational Welfare Board, Tusla, Special Education Needs Organiser, the National Council for Special Education, the National Educational Psychological Service and other schools to which a child may be transferring).	
I/We understand that my child will participate in Relationships and Sexuality Education Programme and the Stay Safe Programme as part of the curriculum subject Social Personal and Health Education (SPHE).	
I/We undertake to support and co-operate with the school rules of St Mary's N.S. as outlined in the Code of Behaviour.	

All information provided will retained, used and disclosed by St Mary's N.S. in line with the school's Data Protection Policy.

I /We have completed all sections of the application form.

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

Signed; _____ **Parent(s)/Guardian(s) Date;** _____
 _____ **Parent(s)/Guardian(s) Date;** _____

If information is omitted, it may invalidate an application.

Checklist for Application

OFFICE USE ONLY

Copy of Birth Certificate	YES <input type="checkbox"/> NO <input type="checkbox"/>
End of year reports from previous school (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Professional reports eg psychological/assessment test results/Irish exemption (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Legal Documents (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Fully completed Application Form	YES <input type="checkbox"/> NO <input type="checkbox"/>

Date application form received; _____