



Scoil Naomh Bhríde,  
Carns, Moneygold, Co. Sligo

071 9173081  
scoilbridecarns@yahoo.com  
carnsschool.com

## Enrolment Form

Male:  Female:

Child's Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Child's PPS Number: \_\_\_\_\_

Address where applicant resides: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's Nationality: \_\_\_\_\_

*Please attach copy of child's Birth Certificate to this form.*

Number of children in the family and their ages \_\_\_\_\_

Place of child in family: \_\_\_\_\_ Playschool attended: \_\_\_\_\_

Any previous school(s) attended: \_\_\_\_\_  
(Please provide name of school and class)

Religion \_\_\_\_\_

### **Parent(s)/ Guardian(s) details:**

(1) Name \_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

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

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_

Email. \_\_\_\_\_

### **Parent/Guardian Details continued:**

(2) Name \_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

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

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_

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

Does any legal order under Family Law exist that the school should know of?

\_\_\_\_\_

**Details for POD**

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Mother's Birth Surname: \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

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

**Emergency Contact details:**

Emergency/Work Contact Nos. Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Other (Minder/Grandparent etc.): \_\_\_\_\_

Arrangements to be made if your child is ill in school: \_\_\_\_\_

\_\_\_\_\_

**Medical/ Educational details for your child:**

1. Does your child have any medical conditions we should be aware of?  
(e.g. epilepsy, allergies, asthma etc.)

\_\_\_\_\_

2. Does your child have any difficulties with the following:

Sight  Hearing  Speech  Other

Please give details: \_\_\_\_\_

3. Has your child ever been assessed by or received support from any of the following; Early intervention services, Speech and Language Therapist, Eye/Ear Specialist, Primary Care Child Psychology Services, Paediatric Services, Physiotherapist, Occupational Therapist:

\_\_\_\_\_

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*Please include copies of any assessments that relate to your child's development or needs*

4. Is your child on any medication. \_\_\_\_\_
5. Does your child have any issues socially or behaviourally that the school should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_
6. Has there been any major trauma in your child's life?  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you any additional concerns you think the school may need to know about?  
\_\_\_\_\_  
\_\_\_\_\_
8. Any other relevant information you may wish to include  
\_\_\_\_\_  
\_\_\_\_\_

Previous School/Class (if transferring from another school): \_\_\_\_\_

Intended School Class: \_\_\_\_\_

### **Data Protection**

The information in this form is necessary for the work of the school and is confidential to the school. For the purpose of administration we will input your child's data into the schools administration system: Aladdin. Aladdin which is owned and run by Cloudware Ltd is a secure software system. This data is transferred to the Pupils Online Database that is aligned to the Department of Education.

The school is also asked to provide information to the HSE and other state agencies to facilitate their work such as immunisations, sight and hearing tests and dental appointments etc.

Please sign below to signal your agreement that your child's personal details can be used in this way.

***I consent for the above 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 1: \_\_\_\_\_ Parents/Guardians

Signed 2: \_\_\_\_\_

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

## Parental Permission Form for Carns N.S.

Please fill in the form below and return to us, for our records

We ask your permission for your child to participate in certain school activities. In order to cut down on unnecessary paperwork and simplify record-keeping, we have decided to include as many as possible on one sheet.

<b>I hereby give permission for my child in relation to the following:</b>	<b>Yes</b>	<b>No</b>
Go on school tours, local educational visits/field trips and participate in school activities (e.g. matches, quizzes, tours etc.)		
I give permission to have my child's photograph (unnamed) to be included in projects, on the school website (any activities involving life in our school).		
We accept the rules and regulations that the school authorities deem necessary, for the maintenance of order and discipline in the school as per our code of behavior.		
If my child is ill in school and I can't be contacted, I agree that they be brought directly to any doctor and/ or to casualty if deemed necessary		
Do you give permission for your child to attend the Special Education Teacher for support or testing if the school thinks it is necessary?		
Do you give permission for your child to take part in the Stay Safe Programme & the R.S.E. Programmes?		
Will your child be making their First Holy Communion/Confirmation at Carns N.S. National School		
I understand that the Board of Management accepts no responsibility for pupils on the school premises before 9AM and after 2:40PM. (Infants 9AM to 1:40PM)		
I understand that parents accept full responsibility for their children at pick up times of 1:40PM (for infants) and at 2:40PM (for 1 <sup>st</sup> to 6 <sup>th</sup> classes)		
I give consent for school reports concerning my child to be emailed to me by the school.		
<b>Please provide one email address for receiving email contact from the school</b>  <b>Email:</b> _____		
<b>Please provide one mobile phone number for school text-a-parent service</b>  <b>Mobile:</b> _____		

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Signature of Parents/Guardians: \_\_\_\_\_

