

Application for Enrolment Form

Child's Name:

School Year you are applying for:



*Full Name:	*Date of Birth: __/__/__ .	*PPS. Number:
*Address:	*Place of Birth:	Gender:
Religion:	Siblings:	*Playschool/Montessori details:
*Parents' Details.	*Father's full name:	*Mother's Full name:
	*Father's PPS Number:	*Mother's PPS Number:
	Occupation:	Occupation:
	*Father's phone no. and contact details.	*Mother's phone no. and contact details.
	Email Address:	Email address:
	Father's Signature.	Mother's signature.
Are there any orders or other arrangements in place governing access to/or custody of your child?		
In case of emergency and you cannot be contacted, please give 2 emergency contacts.	1. Emergency Contact. *Phone no.	2. Emergency contact.* *Phone no.
Does your child live with both parents? If no, which parent does the child reside with.	Father's address: Eircode.	Mother's address: Eircode.
*Doctor's Details; Name: Address: Phone Number:	*Does your child have any problems with Hearing: Sight:	*Has your child ever been tested for either, <ul style="list-style-type: none"> • sight • hearing. If so, which, when and by whom?

<p>*Health Status. Does your child present with any allergies/illnesses/medical needs? Yes /No. Please outline in full.</p>	<p>*Developmental History; Has your child required intervention for, or attended speech and language therapy, Occupational Therapy or therapy services from any health service or private provider? Please outline in full below.</p>	<p>*Is your child awaiting assessment or intervention from any service or private professional? Please outline in full below.</p>
<p>*Is your child speaking clearly and legibly? Yes. No.</p>	<p>*Is your child fully toilet trained? Yes. No. Are there any toileting issues?</p>	<p>*Can your child eat unaided? Any issues/concerns about swallow/choking?</p>
<p>*Does your child have any emotional issues? Outline if possible.</p>	<p>*Does your child separate easily from you?</p>	<p>*Does your child have any behavioural issues? Outline if possible.</p>
<p>*Are there any issues the school may need to know about?</p>		
<p>*What are your child's interests?</p>		
<p>*Who are their special friends at playschool etc?</p>		
<p>*What do you perceive to be the greatest challenge for your child in primary school?</p>		
<p>*If your child has any HSE, Enable Ireland or relevant reports which would help us support your child, please attach a copy. <u>All information disclosed is for planning purposes and will be kept fully confidential.</u></p>		
<p>*Have you attached copies of Birth and Baptismal Certificates?</p>	<p>*Have you filled out all sections of this form to the best of your ability? Yes. Signed; _____ Date: __/__/__.</p>	<p>*Have you visited www.kildalkeyns.com to view the online copies of key school policies? Do you agree to the policies and codes of conduct outlined in same? Yes. No.</p>
<p>Additional Information.</p>		
<p>Do you have any questions or do you require assistance with any section of the application.</p>	<p style="text-align: right;"><u>For Office use.</u> All sections* filled: Initial: Date received:</p>	

Agreements and Permission Slips Section.

All school policies are available to view on www.kildalkeyns.com or a hard copy can be requested from the Principal.

School Policies.		
Policy Name:	I have read.	I agree.
Child Protection/ Child Safeguarding.		
Supervision Policy.		
Anti-Bullying Policy.		
Covid-19 Related Documents as per website.		

- Diagnostic/Educational testing.

During your child's time in Kildalkey N.S., s/he will undergo various diagnostic/educational tests.

Should my child require educational/diagnostic testing during his/her time in Kildalkey N.S., I, give permission for these tests to be carries out.

Signed: _____ Date: __/__/__.

- Data retention/GDPR.

Do you consent to the use of the information given on this form for school administration purposes, POD and sharing of information with the Department of Education.

I agree to the above: Signed _____ Date: __/__/__.

- Details of Previous school- if transferring.

School name: _____.

Address: _____.

Phone no. : _____.

Classes completed/transferring from class level; _____.

Are you willing to arrange transfer of your child's records/file? Yes /No.

- In case of emergency/accident and a parent cannot be contacted, do you give the school permission to take your child to the doctor/hospital/call an ambulance?

I _____ give the staff of Kildalkey National School permission to take my child for emergency medical care at a doctors/hospital/by calling for an ambulance if a medical emergency/accident occurs.

Signed: _____ Date: __/__/__.

Signature of Both Parents: _____.

Date: _____.

