

Scoil na mBuachaillí, Cloch na gCoillte

ADMISSION FORM

CONFIDENTIAL



1. Roll number: _____

2. PPS number:

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3. First name: _____

4. Surname: _____

5. Class the child is being enrolled in: _____

6. Address: _____

6. Father's Address (if not the same as above) _____

7. E-Mail address:

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Please PRINT your email address clearly in Capitals Letters.

8. Date of birth: _____

9. Child's Birthday: *Month:* _____ *Day:* _____

10. Religion: _____
If your child is a Roman Catholic,
please state where he was baptised:

If he was baptised outside of the parish of Clonakilty, please send in a copy of his Baptismal Certificate.

11. Home phone number: _____

12. Father's name: _____

13. Father's occupation: _____

14. Father's work number: _____

15. Father's mobile number: _____

16. Mother's name: _____

17. Mother's occupation: _____

18. Mother's work number: _____

19. Mother's mobile number: _____

20. **Text a Parent** number:

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This must be filled in and cannot be left blank. Please write the number clearly.
This number is used to contact all the parents by text for unforeseen school closures / early closures etc

21. Emergency Contact Person: _____

Please note that this person will only be contacted when you cannot be reached.

22. Emergency Contact number: _____

23. Family doctor's name: _____

Doctor will only be contacted in cases of extreme emergency.

24. Doctor's number: _____

25. Does your child have Special Needs or any Learning Difficulty? If yes, please give details: Yes No

26. Has the child any health problems e.g. eyesight, hearing, allergies, other? If yes, please give details: Yes No

27. Occasionally young children may require a change of clothes. A member of staff may be required to help them. Do you consent to this? Yes No

28. How is the child to go home at 2.00p.m. / 3.00p.m. _____

29. Will your child be travelling on the school bus? Yes No

30. Will your child be going home at lunch time? Yes No
(If yes, please sign an indemnity form.)

31. Number of children in the family: _____

32. Position of this child in the family: _____

33. Names and ages of younger brothers: _____

34. Has the child attended playschool? Yes No

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If yes, where?

Is it Daycare/Crèche

Or Montessori/Naíonra/Nursery School

35. If you are transferring from another school, please state the name and address of that school:

36. Country of Origin (What country was your son born in?):

37. Year of arrival in Ireland?

38. What is your native language?

39. Occasionally Newspapers call to the school to photograph the children e.g. First Day at School etc. Do you consent to your child being photographed?

Yes

No

40. Occasionally TV Stations (e.g. RTE, TV3, Sky etc) call to the school to film the children e.g. First Day at School etc.

Yes

No

Also the school participates in the Fís Film Project / School Film Projects. Some boys are filmed for these projects. Do you consent to your child being filmed/videoed?

Yes

No

41. Any other background information that the school should know about?

42. Have you enrolled your child in any other school for **September 2014**? If yes, where?

43. I agree that I/We (as parent(s)) and my son will abide by the policies of Scoil na mBuachaillí, Clonakilty

Parent's signature:

Date:

INTERNET ACCEPTABLE USE – PERMISSION FORM

Please review the attached school Internet Acceptable Use Policy, sign and return this permission form to the Principal.

Name of Pupil: _____

Class: _____

Pupil

I agree to follow the school's Acceptable Use Policy on the use of the Internet. I will use the Internet in a responsible way and obey all the rules explained to me by the school.

Pupil's Signature: _____

Date: _____

Parent/Guardian

As the parent or legal guardian of the above pupil, I have read the Acceptable Use Policy and grant permission for my son or the child in my care to access the Internet. I understand that Internet access is intended for educational purposes. I also understand that every reasonable precaution has been taken by the school to provide for online safety but the school cannot be held responsible if pupils access unsuitable websites.

I accept the above paragraph

I do not accept the above paragraph
(Please tick as appropriate)

Parent's Consent for Web Publication of Work and Photographs

I agree that, if selected, my son's work may be published on the school Web site. I also agree that photographs that include my son may be published subject to the school rules that photographs will not clearly identify individuals and that full names will not be used. I understand and accept the terms of the Acceptable Use Policy relating to publishing children's work on the school website.

I accept the above paragraph

I do not accept the above paragraph
(Please tick as appropriate)

PARENT'S SIGNATURE: _____

DATE: _____