

St. Patrick's B.N.S.
Strokestown,
Co. Roscommon
Roll No: 15045G
071-9633409 / 087-4676307

Enrolment Form

Name of Child (as on Birth Certificate): _____

Address at which child resides: _____

_____ Eircode: _____

Date of Birth: _____ Pupil's Mother Tongue: _____

Nationality: _____ Country of Birth: _____

PPSN No: _____ Religious Denomination: _____

Date and Place of Baptism: (if applicable) _____

Mother's Name: _____ Father's Name: _____

Mother's Nationality: _____ Father's Nationality: _____

Status: Married: Single: Separated: Living Together:

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other relevant information: _____

Mother's Mobile No: _____ Father's Mobile No: _____

Home Telephone No: _____ Other Telephone No: _____

Parents' email address: _____

***If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of emergency.**

Previous School: _____ Class: _____

Irish Version of Child's Name: _____

Has your child been attending special education teacher? _____

Has your child ever had a psychological assessment? _____

Has your child ever received a speech and language report? _____

School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of one other person you nominate for us to contact. We will ask this person to come and collect your child/children.

Person the school will contact:

1. _____

Tel / Mobile No: _____

Medical Emergency/Accident

In the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you first.

I authorise, that at their discretion a member of staff may bring my child to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian): _____

Family Doctor: _____ **Telephone No:** _____

Does your child have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school? If so, please give details.

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.

Does your child have an allergic reaction to medication or food? If so, please give details.

Is there any other relevant information about your child which we should know?

Please read the **Information Booklet** about St. Patrick's B.N.S. and then circle either **Yes** or **No** and sign below.

- I consent to my child's participation in all aspects of the RSE Programme. **Yes / No**
- I consent to my child's participation in all aspects of the Stay Safe Programme. **Yes / No**
- Screening Tests are carried out in the school on all children from Third to Sixth class. I allow my child to do these tests. **Yes / No**
- I give permission to allow my child to attend the Special Education teacher if deemed necessary. **Yes / No**
- I give permission to allow my child's photograph/image to be included in school-related activities, competitions etc. and on the school website and their Twitter page. **Yes / No**
- I give permission for my child's photograph to be used by outside parties (Credit Union/Poetry Festival/Roscommon Co. Council etc.) if it is a school related activity. **Yes / No**
- I give permission for my child to access the internet and use apps (Seesaw/IXL etc.) that are directly related to his learning. **Yes / No**
- I give permission to allow my family details (name, address, date of birth, phone number) to be given to agencies such as HSE (school nurse, doctor, dentist), etc. **Yes / No**
- Will you ensure that your child will wear full uniform / correct P.E. kit at all times? **Yes / No**
- Will you ensure that your child will be collected **promptly** at your child's designated pick up point every evening at 3.00 p.m.? **Yes / No** _____
- Does your child have permission to walk/cycle, home or down town after school? **Yes / No**
If 'yes', do you accept full responsibility should anything happen? **Yes / No**

Parent's Signature: _____

I acknowledge that I have received and read the Enrolment Booklet of St. Patrick's B.N.S.
I have discussed and explained same with my child.

I agree that _____
(name of child)

will abide by the Code of Discipline and other regulations in St. Patrick's B.N.S. Strokestown, Co. Roscommon.

I wish to enrol my child _____ (Full Name) in St. Patrick's B.N.S.

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

Signature of Parents:

(Parent 1)

(Parent 2)

Date

Please ensure that you have included a Birth Certificate with this form. This document will be photocopied and returned to you.

Office Use Only

Date Received: _____

Birth Certificate received: Yes No