

**ENROLMENT FORM**

**St. Oliver’s N.S**

**Clonmel**

**Private & Confidential**

**Contact Details**

**052-6121016**

**Student Details**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please Tick:***

**Male Female**

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.P.S No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Eircode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Essential)**

**Mobile No.** (for school text service):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Landline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Languages spoken at home:\_\_\_\_\_\_\_\_\_\_**

**Number of Children in Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of child in family (e.g eldest, 2nd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of sibling(s) in this school and Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents/Guardians**

**Parent 1: Name Phone Number Email Address Legal Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No**

**Parent 2: Name Phone Number Email Address Legal Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No**

**Alternate Address if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please tick if you require reports sent to 2 addresses or require 2 Parent/Teacher Meetings.**

**Yes No**

**If Catholic, present parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church of Baptism:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contacts – Family Member/Child Minder/ Relations.**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Educational Needs/Medical**

**Please outline below any additional needs that your child may have such as Medical (including allergies), Behavioural, Speech and Language, Emotional, Educational , OT .**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child been formally assessed for Educational Needs, Emotional and Behavioural, Speech & language or Medical needs (Please tick) Yes No**

***If yes, please provide additional details and please attach copies of the relevant reports. These reports will assist the school in providing support for your child.***

**Previous School Details**

**If student has attended playschool, give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If student is transferring from another school, give following details:**

**Name & Address of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Class:\_\_\_\_\_\_\_\_\_\_**

**Declaration**

In completing this Enrolment form for St. Oliver’s N.S, Clonmel, I commit, on behalf of myself and my child, to accept and support the school ethos and Code of Behaviour.

I certify that the information on this form is correct and accurate.

**Signatures:**

**Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Enclosed Birth Certificate Baptismal Certificate**

**PARENTAL PERMISSION**:

Please tick appropriate boxes and sign.

* Access my child’s previous education reports and relevant psychological reports, if any and discuss with relevant professionals/playschool/teachers, if necessary.
* Forward my child’s name, address, date of birth and P.P.S. No. as well as my contact details, if necessary, to the Health and Dental Clinics.
* Bring my child to the doctor/hospital should an accident occur if the school is unable to contact me or another authorised contact.
* Bring my child on school outings e.g. sporting, cultural, walks, field trips, swimming etc.
* Take photographs of my child participating in school related activities and publish them in print or digitally or on the school website.
* Allow my child work on Digital Platforms - including but not limited to Google Meet/Seesaw or Zoom and use the school Internet during the day, where appropriate.
* Teach the RSE (Relationships and Sexuality Education) Programme to my child.

I understand that I will be notified in advance of any sensitive lessons being taught in the

RSE Programme, should I wish to withdraw him/her for a particular lesson.

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

Parent/Guardian.

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

**Sensitive Personal Data Requested for the Primary Online Database (POD)**

**(Categories are taken from the Census of Population)**

|  |  |
| --- | --- |
| **To which ethnic culture does your child belong?** | **✓** |
| **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 (inc. mixed background)** |  |
| **No consent** |  |

**What is your child’s Religion?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Religion** | **✓** | **Religion** | **✓** |
| **Roman Catholic** |  | **Hindu** |  |
| **Church of Ireland (incl. Protestant)** |  | **Buddhist** |  |
| **Presbyterian** |  | **Jehovah’s Witness** |  |
| **Methodist, Wesleyan** |  | **Lutheran** |  |
| **Jewish** |  | **Atheist** |  |
| **Muslim (Islamic)** |  | **Baptist** |  |
| **Orthodox (Greek, Coptic, Russian)** |  | **Agnostic** |  |
| **Apostolic or Pentecostal** |  | **Other Religions** |  |
| **No Religion** |  | **No Consent** |  |

***I consent for the sensitive personal data above 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**