



Holy Well National School

Enrolment Application Form

September 2021

Before you submit this form, please check that you have included/completed the necessary information by ticking the boxes below:

Have you.....

- Completed the attached form and all associated information
- Included a copy of your child's birth certificate
- Included a copy of any reports/court orders, if applicable
- Completed the attached form in relation to the Department of Education & Skills' Primary Online Database
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Please return this form and associated documents on or before October 30th 2020

by post to

Holy Well NS, Ballea Road, Carrigaline, Co. Cork, P43 PK51

or by email to

admin@holywellns.ie

Child's details:

Child's name in full: _____

Date of Birth: _____

Child's PPS Number: _____

Nationality of Child: _____

Address: _____

Eircode: _____

Number of children in family: _____ Place of child in family: _____

Siblings: Name and Age: _____

Place of birth: _____

Date of child's arrival in Ireland: (if applicable) _____

Child's first language: _____

Child's Religion: _____

Chosen mobile no. for School text-a-parent: _____

Designated email address: _____

Parent/Guardian Details:

Details	Parent/Legal Guardian 1	Parent/Legal Guardian 2
Name:		
Nationality:		
Spoken Language/s:		
Address:		
Eircode:		
Contact Numbers:	1.	1.
	2.	2.
Email Address:		

Do you wish your number to be given out to other parents in your child's class so that they can contact you for parties/play dates? Yes No

If yes, please supply contact number you wish to share.

Emergency Contacts

Please provide additional contacts that we may use if it's not possible to contact the parent or guardian:

Name	Contact Number/s	Relationship to child
1.		
2.		
3.		

Pre-School information:

Please complete the following information with regards to your child's pre-school attendance.

Name of Pre-school: _____ Contact No. _____

Number of years in attendance: _____ Number of sessions per week: _____

Do you consent to Holy Well National School contacting the above named Pre-school to discuss your child's learning and development as part of their transition to primary school?

Yes No

Signed: _____
Parent/Guardian

Transferring from another Primary School:

Only fill in this information if your child was previously enrolled in another Primary School:

Name of School:	
Dates Attended:	
Classes Completed:	
Did your child receive Special Educational Teaching such as English Language/Literacy/Numeracy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, state type of support and length of time receiving it.	Type: Length of time:
Name of Teacher/Special Education Teacher (if applicable):	
Do you consent to Holy Well National School contacting the above named school/teacher in relation to your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Signed:

Medical Information:

Family Doctor: _____

Address: _____

Telephone Number: _____

Is your child on any medication? Yes No

Has your child any known allergies? Yes No

If yes to either please elaborate: _____

Please tick the appropriate box if you feel your child has any problems with the following:

Epilepsy Vision Hearing

Asthma Toileting Fainting

Following Instructions Concentration Completing a given task

Emotional issues Speech (Articulation) Language (Expression)

Making friends Social Skills Gross motor skills

Fine motor skills Other

If you have ticked any of the above, please provide further information:

Additional Information

Proposed date of entry to Holy Well National School

September 2021

Age of your child on first day in Holy Well National School

Years

Months

Has your child ever availed of Early Intervention Services?

Yes

No

Has your child ever had an Assessment of Need?

Yes

No

Has your child ever been assessed by a Speech and Language Therapist?

Yes

No

Has your child ever been assessed by an Occupational Therapist?

Yes

No

Has your child ever attended a Psychologist?

Yes

No

Has your child ever been seen by CAMHS (Child and Adolescent Mental Health Services)?

Yes

No

If yes to any of the above, are there any reports available?

Yes

No

(This information is relevant to the school in order to obtain any additional help your child may need.)

Is there any other relevant family information/issues/traumas about which you would like the school to know?

(This information will help the school to understand your child's individual circumstances and will be held in the strictest of confidence.)

Is there any legal order under Family Law or Court Order which may affect your child's welfare?

Yes

No

If yes, please contact the Principal.

Is there anything else you would like us to know about your child?

School Permission

We are taking this opportunity to seek your consent in relation to the following items listed below:-

I give permission for the school staff to take my child to the doctor or hospital should the need arise.	Yes	No	Signed Parent/Guardian
I give permission for my child to be included in group photographs on the school app, the school's website, other appropriate websites, school social media, school newsletters or other print media.	Yes	No	Signed Parent/Guardian
I give permission for my child's work to be included on the school app, the school's website, other appropriate websites, school social media, school newsletters or other print media.	Yes	No	Signed Parent/Guardian
I give permission for my child to be photographed in connection with school events.	Yes	No	Signed Parent/Guardian
I give permission for my child to use the internet under the Acceptable Use Policy	Yes	No	Signed Parent/Guardian
I give permission for my child to take part in all the activities and outings (tours, sports, trips etc) that will arise throughout my child's time in Holy Well National School.	Yes	No	Signed Parent/Guardian
I give permission for the school to carry out any educational screening tests as appropriate.	Yes	No	Signed Parent/Guardian
I give permission for my child to work in groups outside of his/her base classroom.	Yes	No	Signed Parent/Guardian
I am happy that my child will abide by the Holy Well National School Code of Behaviour.	Yes	No	Signed Parent/Guardian
I consent to the sharing of files or records that pertain to my child's education for the purpose of his/her education.	Yes	No	Signed Parent/Guardian
I understand that my child will participate in The Stay Safe Programme and Relationships and Sexuality Programme as part of the SPHE Primary Curriculum.			Signed Parent/Guardian

Department of Education & Skills' Primary Online Database

Dear Parent,

As you may be aware, the Department of Education & Skills has developed an individual database of primary school children, called, The Primary Online Database (POD). Any information you may require can be found on www.education.ie The Department of Education and Skills has requested we acquire the following information.

To this end, I will need the following information from you:

Please complete in BLOCK CAPITALS:

1. Parent/Guardian's Full Name: _____
2. Child's full name as seen on his/her Birth Certificate: _____
3. Address: _____
4. Child's PPS Number: _____ or mother's maiden name: _____
5. Date of Birth: _____
6. Nationality: _____
7. Is one of the pupil's mother tongues (Language spoken at home) Irish or English?
 Yes No
8. Ethnic or Cultural Background: (Please tick one of the following)
 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, including mixed
9. Religion: _____
10. If your child attended another Primary School before enrolling in Holy Well National School, please give the name and address of the school:

I consent for the personal data in question 8 to be stored on the POD and sent to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in Primary School:

Signed: (Parent/Guardian) _____

I consent for the personal data in question 9 to be stored on the POD and sent to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in Primary School:

Signed: (Parent/Guardian) _____

Please complete this form and return to the Primary School.

Many thanks for your help and support in this matter.

Yours sincerely,

**Aidan Crowley
Principal,
Holy Well NS.**