



# 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
- Completed the attached form in relation to the Department of Education & Skills' Primary Online Database Form.

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Please return this form and associated documents by post to:

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

Or

By email to [admin@holywellns.ie](mailto:admin@holywellns.ie) - with a copy of reports attached.

*A closing date for submission of this form will apply in line with our admissions policy available*

*at <https://holywellns.ie/enrolment/>*

*Please email/phone us if you have any queries. Telephone: 021 4371875.*

**Application for:****Mainstream Class****Special Class****Child's details:**

Child's name in full:

Date of Birth:

Gender:                      Male              Female

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:**

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

**Emergency Contacts**

Please provide additional contacts that we may use if it is 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?

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?	
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?	Signed:

**Additional Information:**

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

Hearing	Vision	Epilepsy	Asthma
Following Instructions		Concentration	Completing a task
Social and Emotional Skills		Speech and Language	Toileting
Gross Motor Skills		Fine Motor Skills	Other

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

**Is your child attending or have you submitted an application to the following services:**

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?

**Yes**      **No**

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

**Yes**      **No**

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

*(This information will help the school to understand your child's individual circumstances, obtain additional supports, 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.

## **Permission and Consent**

I give permission for the school staff to take my child to the doctor or hospital should the need arise.	Yes	No
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
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
I give permission for my child to be photographed in connection with school events.	Yes	No
I give permission for my child to use the internet under the Acceptable Use Policy	Yes	No
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
I give permission for the school to carry out any educational screening tests as appropriate.	Yes	No
I give permission for my child to work in groups outside of his/her base classroom.	Yes	No
I am happy that my child will abide by the Holy Well National School Code of Behaviour.	Yes	No
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
I understand that my child will participate in The Stay Safe Programme and Relationships and Sexuality Programme as part of the SPHE Primary Curriculum.		

I give my permission/consent for the items marked 'Yes' above.

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](http://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 select one of the following)
  
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**

**Documentation:**

- 1. Birth Certificate** - insert image