



**ST. EUNAN'S NATIONAL SCHOOL,
LAGHEY, CO. DONEGAL**
Tel.: 074 9722730

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www.steunanslaghey.com



APPLICATION FOR ENROLMENT FORM

Class of which child will be enrolled: _____

Child's name: _____

Date of Birth: _____ PPSN: _____

Male

Female

Please attach a Birth/Adoption Certificate

Address: _____

_____ Eircode: _____

Nationality: _____

Religious Denomination: _____

Language(s) spoken at home: _____

To which ethnic or cultural background does your child belong?

White Irish Irish Traveller Roma 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

Will your child participate in the 'Grow in Love' Religion programme:

_____ **Please attach a Baptismal Certificate (if applicable)**

Father's Name: _____

Mother's Name: _____

Father's Occupation: _____ Mother's Occupation: _____

Status: Married Single Separated Widowed
Other

Phone Numbers:

Home: _____

Father's Mobile: _____ Mother's Mobile: _____ Father's

Work: _____ Mother's Work: _____

Mother's Email: _____ Father's

Email: _____

Your child's doctor:

Name: _____ Tel No. _____

Your child's dentist:

Name: _____ Tel No. _____

Previous primary school: _____ Class(es) Completed:

_____ Current

class (in that school): _____

Note: Any child/ren who wish to enroll in St. Eunan's School from another school are asked to get a separate form filled out by the principal of their previous school before the child can be enrolled in this school.

By signing this form overleaf, I hereby give permission to the Principal of St. Eunan's National School to seek and obtain details of my child's (named above) attendance, performance and other related issues at their previous school.

Child Profile

Medical/Educational:

Please tick:

Speech Hearing Sight Asthma

Epilepsy Heart Conditions Diabetes

Other Please specify:

Allergies: _____

_____ Emotional needs:

Please give details and specify any conditions not listed above which might be considered to affect the child's ability to benefit from school. If there are any medical reports in relation to any of the above, please forward a copy of same. _____

Does your child require regular medication: Yes No

If so, please specify and request additional documentation from the school asap:

Please tick this box if you are happy for your child's medical condition and medication / treatment plan to be known by all staff members within the school



Does your child show any behavioural challenges?

Did your child attend play school and or crèche? Yes No

Name of play school: _____ Dates: _____

Name of crèche: _____ Dates: _____

Has there been any major trauma in your child's life?

Signed: _____ Date: _____

Signed: _____ Date: _____

Contact Numbers

In the event of an accident or an unexpected closure please supply **alternative** contact numbers (in case parents are non-contactable)

1. Name: _____ Relationship to child: _____

Address: _____ Phone

Numbers: _____

2. Name: _____ Relationship to child: _____

Address: _____ Phone

Numbers: _____

3. Name: _____ Relationship to child: _____

Address: _____ Phone

Numbers: _____

4. Name: _____ Relationship to child: _____

Address: _____ Phone

Numbers: _____

If any of the above information changes during you child/ren's time in St. Eunan's National School it is your responsibility to inform the school of same.

Parental/Guardian Permission Form

We ask your permission for your child to participate in certain activities. In order to cut down on unnecessary paperwork and simplify record keeping, we have decided to include as many permissions as possible on this form. Please read carefully each of the items below and tick the relevant box. Not all occasions may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below please feel free to contact the class teacher or principal.

1. Do you give permission for your child's name, address, date of birth and telephone number to be given to the H.S.E for dental/vision screening and immunisation programmes, to sporting bodies for participation in various sporting events, for quiz teams, art competitions etc., to secondary schools when children are transferred to second level?

Yes

No

2. Both Religion and Nationality (ethnic and cultural background) are considered sensitive data under Data Protection Legislation. Therefore we ask your consent for this information to be transferred to the Department of Education and Science through the Pupil Online Database (POD)

Yes

No

3. Do you give permission for your child to go on nature walks, field trips, school tours, local educational visits and participate in school activities (E.g: Football matches, swimming, quizzes, choir etc.) Prior notice and details will be given for different school trips.

Yes

No

4. I give permission for my child's image to be used on the school website and facebook page in order to promote the school.

Yes

No

5. On occasions such as First Day at school, Sport's Day, school plays, World Book Day etc. local press photographers take group photos of the children. Do you give permission for the press to publish your child's image in local papers/online?

Yes

No

6. Do you give permission for your child to be recorded at events such as Christmas Plays etc. that may be copied and purchased by families in the school.

Yes

No

7. I understand that all videos or photographs (taken by parents/relatives/family friends) at school events is for the solely for personal use and cannot be uploaded online via social media or any other platform.

Yes

No

8. I give permission for my child to be photographed by the official school photographer each year.

Yes

No

9. Do you give permission for your child to be taken immediately to a doctor or hospital in the case of a serious illness/accident if you cannot be contacted?

Yes

No

10. Do you give permission to the school principal to discuss the needs of your child/children if necessary with the playgroup leader if transferring from play school or the school principal if transferring from another school?

Yes

No

11. In the unlikely event of a critical incident/crisis in our school, do you give permission for your child to avail of group counselling provided by the National Education Psychological Service?

Yes

No

12. Should my child(ren) require education screening testing during his/her time at St. Eunan's N.S, I give permission for these tests to be carried out.

Yes

No

13. I have read the Internet Acceptable Use Policy on the website and grant permission for my child to access the internet. I understand the school

internet usage is for education purposes only and that every reasonable precaution will be taken by the school to provide online safety. I understand that having adhered to all the enclosed precautions, the school cannot be held responsible if my child tries to access unsuitable material.

Yes

No

14. I understand that participation in the Stay Safe Programme (Child Abuse Prevention) and RSE (Relationship and Sexuality Education) is compulsory.

Do you give permission for your child to participate in the Stay Safe Programme?

Yes

No

Do you give permission for your child to participate in the RSE Programme?

Yes

No

15. I understand that 'Substance Misuse Prevention' is taught throughout the school as part of the Social, Personal & Health Education (SPHE) programme.

Yes

No

16. I/We have read the school policies on Code of Behaviour, Child Safeguarding Statement, Anti-Bullying, which is acceptable to me/us and I/we will make all reasonable efforts to ensure compliance with these policies.

Yes

No

17. I/We give permission for my/our contact details to be uploaded to the school Aladdin system (School admin software used for the majority of communications for parents/guardians).

Yes

No

18. I/We give permission for my/our mobile numbers to be passed onto the Parents Association committee and to be included in their Whatsapp Group.

Yes

No

19. I/We give permission for my child to use the online learning platform 'Google Workspace for Education' - a web-based platform that can be accessed anywhere. This platform consists of a set of education productivity tools including Gmail, Calendar, Drive, Docs, Slides, Sheets, Classroom, and more.

Yes No

20. I/We give permission for my child to attend Special Education Teaching when/if necessary.

Yes No

Signed: _____ Date: _____

Signed: _____ Date: _____