**Enrolment Form**

**Please complete and return along with a copy of the child's Birth Certificate**

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| **Section 1: Student**  Child's name in full (as on birth certificate)……………………………………………………………………………………………………………..  Gender………………………………………  Child's P.P.S number……………………………………………….. Date of Birth……………………………………………………………..  Nationality…………………………………………….. Year child is to start in Scoil Dairbhre…………………………..   |  | | --- | | Yes |   Country of birth……………………………………..  Religion………………………………………………….. Baptised? please tick   |  | | --- | | No |   Previous school or Playschool attended………………………………………………………………………………………………………………….  Child's Doctor's name……………………………………………………….. Doctor's telephone number……………………………………  **Parent/Guardian 1 name**  ………………………………………………………………………….  Occupation………………………………………………  Email………………………………………………………………………………………………… Phone no…………………………………………………  Address………………………………………………………………………………………………………………………………………………………………..  Eircode….....................................................  **Parent/Guardian 2 name** …………………………………………………………………………..  Occupation…………………………………………….  Email………………………………………………………………………………………………….. Phone no……………………………………………….  Address………………………………………………………………………………………………………………………………………………………………….  Eircode……………………………………………………. |

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| **Section 2: Family**  Name of brothers/sisters already in the school….……………………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………..  Place of child in the family………………………………………………………………….  Address at which child resides ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  Does any legal order under family law exist that the school should know of ? Yes ……… No………….. please tick  If yes, please give details below  ………………………………………………………………………………………………………………………………………………………………………………..........................................................................................................................................................................................……………………………………………………………………………………………………………………………………………………………………………….  Is it necessary for school reports, notice of meetings, information etc to be sent to more than one address, phone number or email ? Yes ................... No ...................  If yes, please give name, address, phone number and email of that person…………………………………………………………………………………………………………………………………………………………….. ……………………………………………………………………………………………………………………………………………………………………….. ……………………………………………………………………………………………………………………………………………………………………… |

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| **Section 3: Emergency Contacts (in the event of both parents/guardians being unavailable in an emergency**  **Contact 1 Name**…………………………………………………………………………….  Relationship to child …………………………………………………………… Mobile…………………………………………………………  Email…………………………………………………………….  **Contact 2 Name**…………………………………………………………………………….  **Relationship to child ………………………………………………………..** Mobile………………………………………………………..  Email……………………………………………………….. |

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| **Section 4:** | Yes | No |
| Did your child attend the Early Intervention Services ? If so, please attach reports |  |  |
| Has your child ever had a psychological assessment ? If so, please attach reports |  |  |
| Has your child ever received a Speech and language report ? If so, please attach reports |  |  |
| Has your child ever had an Occupational Therapy Report ? If so, please attach reports |  |  |
| Does your child have any health related problems ? ( allergies ,epilepsy ,diabetes, asthma, fainting etc) If yes please give details. |  |  |
| Does your child have any difficulties with hearing ? |  |  |
| Does your child have any difficulties with speech ? |  |  |
| Does your child have any difficulties with vision ? |  |  |
| Does your child have any issues socially or behaviourally that the school should know about ? |  |  |
| Are there any medical reports we should be aware of? |  |  |
| Any further information from the questions above or anything else you feel we should know? Please write below … |  |  |

**I/we wish to enrol my/our child ……………………………………………………………………………………. in Darver National School**

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

**I consent for relevant information 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. For further information on POD please go to the Department of Education and Skills’ website** [**www.education.ie**](http://www.education.ie)

**PARENTS’/GUARDIANS’ DECLARATION**

I/We confirm that all the information entered on these forms is fully correct to my/our knowledge.

I/We understand that it is my/our responsibility to communicate to the school any change in my/our address or telephone number for correspondence.

I/We consent for the school to retain personal information for as long as it is necessary to fulfil the purposes the information was collected for, including any legal, accounting or reporting requirements.

I/We confirm that upon acceptance I/we will receive The Code of Behaviour for Darver National School.

I/We agree to abide by The Code of Behaviour. I/We understand that acceptance of The Code of Behaviour forms part of the acceptance of the offered place.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian 1

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian 2