



Scoil Phádraic Cailíní, Donabate, Co. Dublin

Tel.: 01-8436201

Email: [scoilphadraic@gmail.com](mailto:scoilphadraic@gmail.com)

[www.scoilphadraiccailini.ie](http://www.scoilphadraiccailini.ie)



## Inter-School Enrolment /Registration Form

Child's Name: .....Surname..... PPS Number:.....

Birth Certificate Name & Surname (if different from above):.....  
(Copy of Birth Cert required)

Date of Birth:..... Place of Birth:..... Nationality:.....

Address:.....Eircode:..... Telephone Number:.....  
(Proof of address required)

Country of Origin of parents:.....Year of arrival in Ireland.....

Language spoken at home:.....

*We are a Green School. We try to use email and texts instead of paper notes as much as possible for corresponding with parents. Please supply at least one email address for correspondence.*

Mother's Name:..... Mother's Maiden Name:.....

Mother's Nationality:..... Occupation:.....

Email:(Please print clearly)..... Work Phone Number:.....

Mobile Phone:.....

Father's Name:.....Father's Nationality:.....

Occupation:..... Mobile Phone:.....

Email:(Please print clearly).....Work Phone Number:.....

Is the child living with both parents? .....

*Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information you think might be relevant it is very important that the school is informed immediately.*

Religion of Family:..... Religion of Child:.....

Church of Baptism (if relevant):.....  
(Copy of Baptismal Cert required)

Reason for moving schools?.....

Previous School(s) Attended:.....

Name of Principal(s) .....

Current Class level .....

Does your child have any specific educational difficulties?.....

Has your child ever attended Learning Support? Yes / No

If yes, please specify for what and how often? .....

**Medical History**

Immunisations received to date:.....

Please specify if your child suffers from allergies .....

Is your child on medication?.....If Yes please specify:.....

Other Relevant Information:.....

***Please Nominate at least 2 other friends/relatives/neighbours we may contact in the event of illness/emergency if we are unable to contact you:***

Contact (1)\_\_\_\_\_

Description\_\_\_\_\_

Mobile Number\_\_\_\_\_

Home Number\_\_\_\_\_

Contact (2)\_\_\_\_\_

Description\_\_\_\_\_

Mobile Number\_\_\_\_\_

Home Number\_\_\_\_\_

Doctor\_\_\_\_\_

**School Policies**

Do you accept the school's:-

Yes No

- (a) Code of Behaviour
- (b) Anti Bullying Policy
- (c) Internet Acceptable Use Policy
- (d) Procedures to be adopted in the event of illness or accident to a pupil


These policies are available for viewing on our school website [www.scoilphadraiccailini.ie](http://www.scoilphadraiccailini.ie)

# Permission Forms

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## Outings

During the course of the school year, all classes will normally undertake a variety of different activities outside the school premises e.g. school tours, sporting activities, nature walks, cultural outings and any other activities that may arise. When we take the children on these outings, we increase the level of supervision to meet the needs of the children and the particular activity.

We are seeking your consent for your daughter to participate in all these activities which may arise while she is at our school.

Permission Granted     Permission Withheld     Signed \_\_\_\_\_

.....

## Photographs

From time to time we publish photos of students engaged in school related activities in the local newspapers, on the school website and **in the school calendar**. This is normally done to publicise school activities such as fund-raising, sports days etc. We are seeking your permission to publish photos of your child should the occasion arise.

Permission Granted     Permission Withheld     Signed \_\_\_\_\_

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## Medical Assistance

In the unlikely event of your daughter requiring medical assistance when on or off the school premises we would ask you to give permission in advance for the teacher to give same **in the event of us not being able to contact you.**

We are seeking your consent for your child to receive medical assistance if required.

Permission Granted     Permission Withheld     Signed \_\_\_\_\_

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## Class Birthday List

As it is school policy not to allow birthday party invitations to be distributed in school, we are asking you to give permission to include your name and number on the list of parents for your daughter's class. This list will be **emailed** to all parents who agree to have their details included on the list.

Please circulate my name and mobile phone number to the other parents in the class

Permission Granted     Permission Withheld     Signed \_\_\_\_\_



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I wish to enrol my daughter \_\_\_\_\_ in Scoil Phadraic Cailini. I declare that the above information is correct and I understand that it will be treated as confidential.

I understand that it is my responsibility to inform the school of any changes to the above.

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

*Please ensure that you have completed this form in full, that you have signed the Department of Education & Skills form(attached) and that you have included:*

- (1) A copy of your daughter's Birth Certificate**
- (2) A copy of your daughter's Baptismal Certificate (if your child was baptised)**
- (3) A recent utility bill**
- (4) Your daughter's PPSN**
- (5) School Reports**
- (6) Any relevant educational or medical reports**

**Optional information requested by the Department of Education & Skills Primary Online Database** *(Please sign to consent or not consent to this information being passed on to the Department)*

1. To which ethnic or cultural background group does your child belong (please tick one)?  
(Categories based on the Census of Population)

- 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

2. What is your child's religion?

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

*I consent/do not consent to the sensitive personal data in the two questions above being 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: \_\_\_\_\_

Parent/Guardian

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

**Note:** *While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Enhanced capitation in respect of pupils who are members of the Traveller Community will be paid to schools on the basis of the answers to this question. Aggregated information on religion will be used for statistical purposes only.*

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