

Appendix.1

ENROLMENT FORM: - SCHOOL YEAR BEGINNING SEPTEMBER 20____

Childs Name:- (In Full) _____							
Date of Birth:-	Child's PPS No:-						
Fathers/Guardian's Name: _____							
Postal Address _____							
Mothers/Guardian's Name: _____							
Postal Address (if different): _____							
Home Phone No: _____							
Mobile 1. _____ Mobile 2. _____							
Email address: _____							
Other Contact Names & Numbers:							
<table style="width: 100%;"> <tr> <td style="width: 50%;"> Religion:- (Please tick) Catholic: <input type="checkbox"/> </td> <td style="width: 50%;"> Other: <input type="checkbox"/> _____ </td> </tr> <tr> <td> Sacraments Received: Baptism <input type="checkbox"/> </td> <td> 1st Penance <input type="checkbox"/> </td> </tr> <tr> <td> Communion <input type="checkbox"/> </td> <td> Confirmation <input type="checkbox"/> </td> </tr> </table>		Religion:- (Please tick) Catholic: <input type="checkbox"/>	Other: <input type="checkbox"/> _____	Sacraments Received: Baptism <input type="checkbox"/>	1 st Penance <input type="checkbox"/>	Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
Religion:- (Please tick) Catholic: <input type="checkbox"/>	Other: <input type="checkbox"/> _____						
Sacraments Received: Baptism <input type="checkbox"/>	1 st Penance <input type="checkbox"/>						
Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>						
Is School Bus Required?	Distance from school :- (In Miles)						

For the following four question please tick one of the boxes:

In cases where a class – teacher deems your child requires Learning Support Teaching please sign here to indicate consent for same:- Yes ☐ No ☐

Do you give permission for photographs of your child to be occasionally displayed on school grounds or in the local press: Yes ☐ No ☐

Do you give permission for your child to take part in the R.S.E (Relationships & Sexuality Education) and Stay Safe Programmes: Yes ☐ No ☐

Should there be a toileting accident, do you give permission for the matter to be attended to by the class teacher/SNA : Yes ☐ No ☐

As a condition of Enrolment, a parent registering a child in Clongeen N.S. is deemed to have accepted and agreed to the Code of Behaviour, Anti-bullying Policies, Child Protection and Healthy Lunches Policies; these are available to view on our school web site. www.clongeens.scoilnet.ie

If, for any reason, at any time in the future, any of the information contained in this document changes, THE ONUS IS ON THE PARENTS/GUARDIANS to notify the school of such changes without delay.

Signatures of Guardians: - _____ Date: - _____

_____ Date: - _____

Clongeen N.S.

General Medical Form

Child's Name: _____.

Date of Birth: _____.

Chronic Illness	Allergies: Food & Medication	Current Medication	Date of Last Tetanus Immunisation	Other

Please attach any other medical information that may be relevant on a separate page.

Parent/ Guardian Name(s)

Address:

Tel No's: Home: _____ Work: _____ Mobile: _____

Name of Nominated Contact 1. _____ Tel. _____

Name of Nominated Contact 2. _____ Tel. _____

Health Cover (if Any) Private: _____ Other: _____

Nearest Relative : _____ Tel: _____

Signed: Parents /Guardians: (Mr./ Ms. / Mrs:) _____

Date: _____

Clongeen N.S.

Children's Emergency Consent Form

Dear Parent/ Guardian,

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, we request that you complete this form to be kept on file in the school. In the event of a medical emergency, where your child-care provider or nominated contact person are unavailable, the form will accompany your child to the hospital so that medical treatment can be rendered.

Please sign and return Consent Form below, accompanied by Enrolment Form and General Medical Form

-----Cut Here and Return Signed Consent-----

Childs Name: _____ Date of Birth: _____

I/We hereby authorize a staff member of Clongeen National School to give consent for all medical and/or surgical treatment that may be required for our child/children in the event that I/we or any other nominated contact person is unavailable.

Parent / Guardian: (Mr. / Ms. / Mrs :) _____

Parent / Guardian: (Mr. / Ms. / Mrs :) _____

Date: _____