



SCOIL CHOLMCILLE - LEITIR CEANAINN ENROLMENT FORM

Surname: _____

First Names: _____

Name by which child is known: _____ P.P.S. No. _____

Birth Cert Forename (if different from name above) _____

Birth Cert Surname (if different from name above) _____

Date of Birth: _____

Pupil Address: _____

Child's place in the family: _____

Brothers already at this school:

Name and Class: _____

Mother's Name: _____ Mobile No.: _____

Father's Name: _____ Mobile No.: _____

Who is legal guardian?: Mother _____ Father _____ Other _____

Nationality of Child: _____

Nationality of Parents: _____

Occupation of Mother: _____ Work No.: _____

Occupation of Father: _____ Work No.: _____

Home Phone No.: _____

Mobile No. to be used for Text-a-Parent: _____

If nobody is at home who do we contact in the event of sickness?

To which ethnic or cultural background group does your child belong (please tick one)?
 (Categories are taken from the Census of Population)

- | | | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|-------------------------------|--------------------------|
| White Irish | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Roma | <input type="checkbox"/> |
| Any other White Background | <input type="checkbox"/> | Black African | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> | Other (inc. mixed background) | <input type="checkbox"/> |
| No consent | <input type="checkbox"/> | | | | |

What is your child's religion?

- | | | | | | |
|---------------------------------|--------------------------|--------------------------------------|--------------------------|------------------|--------------------------|
| Roman Catholic | <input type="checkbox"/> | Church of Ireland (Incl. Protestant) | <input type="checkbox"/> | Presbyterian | <input type="checkbox"/> |
| Methodist, Wesleyan | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Muslim (Islamic) | <input type="checkbox"/> |
| Orthodox Greek, Coptic, Russian | <input type="checkbox"/> | Apostolic or Pentecostal | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Jehovah's Witness | <input type="checkbox"/> | Lutheran | <input type="checkbox"/> |
| Atheist | <input type="checkbox"/> | Baptist | <input type="checkbox"/> | Agnostic | <input type="checkbox"/> |
| Other Religions | <input type="checkbox"/> | No Religion | <input type="checkbox"/> | No consent | <input type="checkbox"/> |

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary school my child may transfer to during the course of their time in primary school.

Signed _____ Parent/Guardian
 Date: _____

Place of Baptism: _____

Name of Priest/Pastor: _____ Phone Number _____

Baptised as Catholic Yes No

Language(s) spoken at home: _____

English Language Proficiency of child (if relevant)

Poor Basic understanding Competent communication skills

Contact Person (Interpreter if relevant) _____ Tel. No. _____

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English

Yes No

Passport copy provided (if relevant) Yes No

Year of Entry to Ireland (if relevant) _____

Developmental Checklist

	Normal	Abnormal	Comment
Birth History	<input type="checkbox"/>	<input type="checkbox"/>	_____
Developmental Milestones	Yes	No	Comment _____
Walking (by 18 months)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Talking (by 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toilet Trained (by 3 years)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please tick (✓) as appropriate:

	Satisfactory	Unsatisfactory	Comment
1. Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Physical Coordination	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Speech (Articulation)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Language			
Expression	<input type="checkbox"/>	<input type="checkbox"/>	_____
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Temperament	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Sociability	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Concentration	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. General Alertness	<input type="checkbox"/>	<input type="checkbox"/>	_____

Has your child to contend with any special home difficulties? Yes No

If yes, please specify: _____

Has your child been referred to any other agencies, at any time, before starting school e.g. Speech Therapist, Psychologist, Social Worker, Occupational Therapist, Physiotherapist, Child and Family Services, etc? Yes No

If yes, please state name of the Speech Therapist, Psychologist, Social Worker etc?

Should the need arise, are you willing to give parental consent to contact any of the above agencies? Yes No

Assessment is an on-going process within to-day's educational system. Are you willing to give parental consent to your child being assessed at any stage throughout his years with us? Yes No

We operate an electronic pupil data base programme in this school for administration purposes and liaison with Department of Education.

Childhood Illnesses

Comment - type, duration, hospitalisation, etc.

Has your child any specific health weakness?

Asthma Epilepsy Psoriasis Eczema Diabetes Allergies Other

On Medication? Yes No

If "yes" give details and specify if medication is to be taken during school hours:

Has your child received the MMR Vaccination? Yes No

Family Doctor's Name : _____ Contact details: _____

Previous School Experience

Nursery Yes No If "yes" where? _____
Playschool Yes No If "yes" where? _____

Formal Education Yes No If "yes":
Name of School _____
Address of School _____
How long spent there? _____
What class is your child presently in? _____

Has your child been enrolled in any other school? Yes No

School Reports Provided (if relevant) Yes No

Prior to acceptance of any enrolment application the following documents must be provided: Birth Certificate, PPSN, Baptismal Certificate (if applicable) and School Reports (where applicable).

Our school's Code of Behaviour ensures that desirable behaviour is rewarded and that all pupils are treated fairly, equally and consistently.

Do you comply with the school *Code of Behaviour*? Yes No

Do you consent to have your child in a group photograph as part of our school literature?

Parents'/Guardian Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date of Entry to this school _____ Registration No. _____

Birth Certificated Received Yes No

Baptismal Certificate Received Yes No

School Reports Provided Yes No

Photocopying/Testing Fees Paid Not Paid

