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

carrigartns@gmail.com

074 91 55132

*All information given on this form will be treated with the strictest confidence and used only for the benefit of your child. Filling in this form does not guarantee a place in our school. All completed applications should be returned to the school as soon as possible.*

 **Enrolment Profile**

|  |  |
| --- | --- |
|  |  **PUPIL DETAILS** |
| Name |  |
| How do you pronounce your child’s name (if relevant)? |  |
| AddressEircode  |  |
| Date of Birth |  |
| Age |  Years Months |
| PPS Number |  |
| Language spoken at home |  |
|  | **FAMILY DETAILS** |
| Mother’s Name  |  |
| Contact Number | Mobile- | Home- |
| Maiden Name |  |
| Mother’s Occupation |  |
| Father’s Name |  |
| Contact Number | Mobile- | Home- |
| Father’s Occupation |  |
| Religious Denomination of the child |  |

|  |  |
| --- | --- |
| No of Children in Family |  |
| Child’s Position in family |  |
| Brothers/Sisters in school |  |
| Name and address of pre-school or previous school attended |  |
| **EMERGENCY CONTACT DETAILS**In the case of sickness, accident or an unexpected school emergency or closure. |
| **Contact (1)**Name |  |
| Relationship to child |  |
| Number  |  |
| **Contact (2)**Name |  |
| Relationship to child |  |
| Number |  |
| **COLLECTION DETAILS**Please provide details of the people permitted to collect your child from school. If your child is collected by anyone other than the people listed please inform the school, otherwise we will call parents to clarify. |
| ***Name*** | ***Relationship to Child*** |
| 1. |  |
| 2. |  |
| 3. |  |

|  |
| --- |
| In the event of an emergency or accident, a member of staff will contact a doctor/emergency services. Every effort will be made to contact you. I give authorisation to a member of staff to bring my child to a doctor/hospital if deemed appropriate in an emergency situation.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you give permission for your child to go on school trips under teacher supervision during the school day, e.g. a walk to the shop/park etc. |  |
| From time to time, journalists visit our school or we provide details to journalists about events taking place during the school year. Do you give permission for your child to be photographed for school projects, local newspapers and school related activities? |  |
| The school have a website, Facebook page and app; do you give permission for your child to feature on these?  |  |
| I give consent for my child to use digital technology in the school in line with our Acceptable Use Policy.  |  |
| I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers. |  |
| During your child’s time in Scoil Eoin Baiste, teachers will undertake diagnostic and standardised testing with your child on an individualised basis in order to help them in their educational development. Do you give permission for any necessary testing to be carried out with your child? |  |
| Do you give permission for your child to be involved in withdrawal, from time to time during the school year, for social games and activities in other classes? |  |
| Do you give permission for your family details (Name, Address, DOB etc.) to be passed onto agencies such as the HSE? (Nurse, Dentist etc.) |  |
| Do you give permission for your child to take part in the Stay Safe and Relationship and Sexuality Education (RSE) Programme? *You will be informed when lessons of a delicate nature will take place and you will be able to gain access to the lesson content.* |  |

Does your child have a diagnosis of ASD? Yes No

Name of Psychologist:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include a copy of the relevant report with this application.**

I/We agree to provide original birth certificate, proof of address and PPS Number and, if applicable, baptismal certificate. *Original birth certificate, proof of address and PPS number must be provided with this application*. Applications cannot be processed without the Birth Certificate, proof of address and relevant report.

 I/We accept the Code of Behaviour and Anti-Bullying Policy – both are available on carrigartns.ie

Parents Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Additional notes you would like to share with the school**