



## School Enrolment Form 2024/2025

Note: All forms must be completed in full and returned to the school, along with a Birth Certificate.  
Completion of this form does not guarantee your child a place in the school.

Name of Child (in full, as on Birth Certificate)

\_\_\_\_\_

Address at which child resides:

\_\_\_\_\_

\_\_\_\_\_

Proof of address is required, e.g. ESB bill, Telephone bill.

Eircode: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's PPS

No:

Nationality: \_\_\_\_\_ Country of

Birth:

If not born in Ireland, date on which child arrived in Ireland:

\_\_\_\_\_

Mother's Nationality: \_\_\_\_\_ Father's

Nationality: \_\_\_\_\_

**\*If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Father's Name: \_\_\_\_\_ Present employment:

\_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile

No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Present employment:

\_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile

No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Present employment:

\_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile

No: \_\_\_\_\_

Is the child living with both parents \_\_\_\_\_

Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) \_\_\_\_\_ Number of children in the family: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

If your child was baptised please state where it took place:

\_\_\_\_\_

Date of baptism: \_\_\_\_\_

Did you child attend preschool: \_\_\_\_\_ For how long: \_\_\_\_\_

Where? \_\_\_\_\_

At what age did your child begin to speak: \_\_\_\_\_

Does he/she speak well?

\_\_\_\_\_

Have you child ever had a psychological assessment?

\_\_\_\_\_

Has your child ever received a speech and language report?

\_\_\_\_\_

Name of brother/sister in this school: \_\_\_\_\_ Class: \_\_\_\_\_

**Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine please inform the school in writing.**

**Person who usually collects child/children**

\_\_\_\_\_ Phone

\_\_\_\_\_

\_\_\_\_\_ Phone

\_\_\_\_\_

\_\_\_\_\_ Phone

\_\_\_\_\_ Phone

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 which you think may be relevant **it is very important that the school is informed immediately.**

**Other relevant information:**

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

**School Emergencies/Sickness/Unexpected Closures, etc.**

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

**If my child gets sick, or the school has to close unexpectedly, etc** and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

**Person the school will contact:**

1 \_\_\_\_\_  
\_\_\_\_\_ 2  
\_\_\_\_\_

Tel/mobile: \_\_\_\_\_

Tel/mobile: \_\_\_\_\_

**Medical Emergency/Accident**

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian) \_\_\_\_\_

**Family Doctor (Only if you wish)**

Doctor's Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

Do your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

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**It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.** Do your child/children have an allergic reaction to medication or food?

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Is there any other relevant information about your child/children which we should know?

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**Data Protection:**

*Scoil Naomh Lorcan* is a data controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this Enrolment Form and other information gathered throughout your child's time at school is required for the purposes of student enrolment, student registration, allocation of teachers and resources to the school determining a student's eligibility for additional learning supports and transportation, examinations, school administration, child welfare (including medical welfare) and to fulfil our other legal obligations.

**While the information provided will generally be treated as private to *Scoil Naomh Lorcan*** and will be collected and used in compliance with the Data Protection Acts 1988 and 2003, from time to time it may be necessary for us to transfer your personal data on a private basis to other bodies including:

- Department of Education & Skills, the Department of Social Protection
- An Garda Síochána
- Health Service Executive
- Tusla (CFA)
- Social workers or medical practitioners
- National Educational Welfare Board
- National Council for Special Education
- Special Education Needs Organiser
- Another School where the student is transferring

We rely on parents/guardians and students to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to access your child's personal data, you must write to the school principal requesting an Access Request Form.

**I/We agree that personal details may be made available for these purposes.**

Permission granted: Yes  No

I consent to my child's participation in the RSE Programme

**Parents Signature:**

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I consent to my child's participation in the Stay Safe Programme

**Parents Signature:**

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Screening Tests are carried out in the school on all children from Infants to 6<sup>th</sup> Class. I allow my child to do these tests.

**Parents Signature:**

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During your child's time in Scoil Naomh Lorcan, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

**Parents Signature:**

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I give permission to allow my child to attend the S.E. Teacher if deemed necessary.

**Parents Signature:**

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I give permission to allow my child's photograph/image to be included in school-related activities, competitions etc.

**Parents Signature:**

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I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

**Parents Signature:**

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I acknowledge that I have received, read and accepted the School General Policy, Code of Behaviour, Anti-Bullying Policy, Substance Use Policy, Internet Use Policy and RSE Policy of Scoil Naomh Lorcan. Having discussed and explained same with my child and I agree to abide by same.

I wish to enrol my child \_\_\_\_\_

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

Signed:

\_\_\_\_\_

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

Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was baptised) with this form. These documents will be photocopied and returned to you.

Birth Certificate received: Yes  No

Baptismal Certificate received: Yes  No  Not applicable

Date of enrolment: \_\_\_\_\_

