

# COOLE NATIONAL SCHOOL



Garadice,

Kilcock,

Co. Meath.

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## Enrolment Form September 2020

**Note:** All forms must be completed in full and returned to school, along with a copy of your child's Birth Certificate. All enrolment applications will be dealt with in accordance with the school's enrolment policy.

**Part A Family Details** (Required for school enrolment and parental contact purposes and to ensure that the applicant meets Coole School admissions criteria)

<b>1. Child's First Name/s:</b>	<b>2. Child's Last Name:</b>
<b>Name in Irish (Optional):</b>	
<b>3. Date of Birth</b> ( <i>attach copy of birth cert</i> )	<b>4. Child's PPS No:</b>
<b>5. Country of Birth:</b>	<b>6. Nationality:</b>
<b>7. Home Address:</b>	<b>8. Home Telephone Number:</b>

### Contact Details

<b>1<sup>st</sup> Parent/Guardian Details</b>	<b>2<sup>nd</sup> Parent/Guardian Details</b>
Name:	Name:
Relationship to Child:	Relationship to Child:
Address ( <i>if different to above</i> ):	Address ( <i>if different to above</i> ):
Phone No (Home):	Phone No (Home):
Phone No (Work):	Phone No (Work):
Phone No (Mobile):	Phone No (Mobile):
Email Address:	Email Address:
<b>Schools are required by law to pass on the above information, excepting religion and ethnicity, to the Dept. of Education and Skills.</b>	

**Are there any court orders or other arrangements in place governing access to or custody of the child: Yes/No**

If yes please provide details \_\_\_\_\_

### **Emergency Contact Information**

#### **School emergencies/Sickness/Unexpected Closures, etc.**

The following information will be used by the school in the event of any of the above.

If the school is unable to contact you, please provide the names and numbers of two other people you nominate for us to contact. We will ask this person to come and collect your child.

<b>Name</b>	<b>Relationship to Child</b>	<b>Phone</b>
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1. _____ _____	_____	
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2. _____ _____	_____	
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### **Part B Education**

#### **Pre-School**

Did your child attend Preschool?	Name of Preschool:
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#### **Previous Primary School Attended:**

School Name:	
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School Address:	
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Class:	Last Teacher:
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Principal's Name:	School Phone Number:
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Please attach school reports/records from previous schools.

In the event of transfer from another primary school, I/We give permission to contact my child's previous primary school and to obtain copies of academic records, psychological reports and other records necessary for my child's educational welfare. I hereby give the school my consent and do instruct and direct that my child's previous primary school to release these documents to *Coole National School*.

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

Date \_\_\_\_\_

## Part C Medical Details

*(Required to ensure the school has your doctor's contact details in order to contact that doctor in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff in certain circumstances)*

### Medical Accident/Emergency

In the event of an emergency/accident, a member of staff will use his/her discretion and bring your child to a doctor/hospital in line with our School Accident/Injury Policy. Every effort will be made to contact parent/guardians.

Family Doctor (only if you wish)

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

**If your child has a medical condition or an allergy it is the responsibility of the parent/guardian to notify the school and complete an 'Administration of Medicine Form' which is available from the school office and website.**

## Part D Consents

Date:

Please tick

<u><b>Diagnostic Testing</b></u>	<b>Yes</b>	<b>No</b>
<p>During your child's time in Coole National School, it may be necessary from time to time for teachers to carry out educational diagnostic testing with your child on an individual basis in order to help them in their educational development. I give my permission for any necessary educational diagnostic tests to be carried out with my child.</p> <p><b>Signed (Parent/Guardian)</b> _____</p>		
<p><u><b>Photos</b></u></p> <p>I give my permission to allow my child's photograph/image be included in school related activities/competitions etc.</p> <p><b>Signed (Parent/Guardian)</b> _____</p>		
<p><u><b>School Website &amp; Publications</b></u></p> <p>I give my permission for my child's photo to appear on the school website or in school publications such as newsletters.</p> <p><b>Signed (Parent/Guardian)</b> _____</p>		
<p><u><b>Digital Technology</b></u></p> <p>I give permission for my child to use the computer/tablets in the school in line with our Acceptable Use policy.</p> <p><b>Signed (Parent/Guardian)</b> _____</p>		

<p><b><u>Out of School Activities</u></b>  I consent to my child going on supervised out of school activities such as local walks, visit to the Church, school tours, school matches. (Please let us know if there is anything we need to be aware of in relation to your child's participation in any out of school activities)</p> <p><b>Signed (Parent/Guardian)</b> _____</p>		
<p><b><u>Outside Agencies</u></b>  I give my permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as the HSE (school nurse, doctor, dentist).</p> <p><b>Signed (Parent/Guardian)</b> _____</p>		
<p><b><u>SPHE Programme</u></b>  I give permission for my child to take part in the Stay Safe Programme and the R.S.E. (Relationship &amp; Sexuality Education) Programme?</p> <p><b>Signed (Parent/Guardian)</b> _____</p>		
<p><b>Does your child require school bus transport?</b></p>		

## Part F

I/We wish to enrol my/our child in Coole National School.

I/We acknowledge that we have read and accept the policies on the school website for Code of Behaviour, Anti-Bullying Policy, Internet Use Policy and RSE Policy. Having discussed and explained same with our child and agree to abide by same. (*Policies also available in school office*)

**Signed Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

I/We understand that the hours of supervision in Coole N.S. are between 9.20 a.m. and 3 p.m. (2 p.m. for Infants) and that the school cannot accept responsibility for the safety of children outside of these hours.

**Signed Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

- A copy of your child's Birth Certificate should be attached to this Application Form