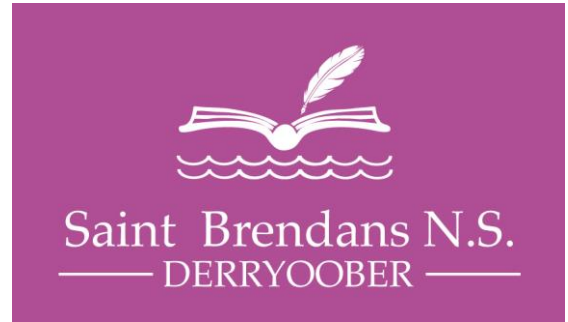


Derryooper National School

Enrolment Application Form



CHILD DETAILS

1. Name of Child: _____
2. Date of Birth: _____
3. PPS Number: _____
4. Religious Denomination: _____
5. Is a birth and baptismal certificate attached?(optional) _____

PARENT / GUARDIAN DETAILS

6. Mother's Name: _____
7. Father's Name: _____
8. Mother's Full Maiden Name: _____
9. Home Address: _____
10. Parent / Guardian Phone Number(s)
 - Home:* _____
 - Mobile (1):* _____
 - Mobile (2):* _____
 - Work:* _____

EMERGENCY CONTACT NUMBERS

11. Phone numbers(s) / person(s) to be contacted in case of emergency:

A. _____

B. _____

C. _____

12. In the event that none of the above can be immediately contacted by the Principal or other Teacher in case of sudden serious illness or accident to your child, do you give permission to the Principal or other Teacher, while continuing every effort to make contact with you and and/or the above-named, to take the child directly to the nearest available qualified medical doctor's surgery or hospital accident and emergency unit?

OTHER USEFUL INFORMATION

13. Previous School (or pre-school) attended: _____

14. Date on which child left above School: _____

15. Reason for leaving (if applicable): _____

16. Are there any health or developmental problems that the school should be made aware of – allergy, asthma, epilepsy, speech impediment, toilet training, etc.?
(Brief details only – the issue(s) should be discussed more fully with the Principal, Deputy Principal or Class Teacher)

17. Do you grant permission for your child to leave the school grounds (accompanied by staff member(s)) on school related business (e.g. Church visits in preparation for the Sacraments, field trips, swimming, school tours, school matches, etc.)

18. Is there in effect any Court Order, which affects the child's welfare?
(If "Yes", please discuss this matter with the Principal or Deputy Principal)

**AGREEMENT TO CONFORM TO THE ETHOS OF THE SCHOOL,
THE CODE OF BEHAVIOUR
AND OTHER ESTABLISHED PROCEDURES**

.....
.....

19. Having received and read a copy of the Mission Statement of Derryoover National School, will you allow your child partake fully in the Catholic religious instruction, exercises of worship and sacramental preparation which are an integral part of the curriculum delivered in this school?

Yes [] No []

20. I/WE agree to respect and abide by the Christian spirit and principles, which are promoted and fostered in Derryoover National School.
I/WE agree to abide by the schools Christian ethos and Religious Education programme as set out in the Catholic Ethos and Religious Education school policy.

SIGNED: _____

Parents/Guardian

21. I/WE agree to abide by the school's Code of Behaviour and will co-operate with the Management in implementing this policy.

I/WE understand that the Code of Behaviour underpins the regulations governing behaviour as articulated in other policy documents that have been ratified and implemented by the Management, as well as additional policy documents that may be ratified from time to time by the Management.

(Copies of policy documents are available in the school office by appointment with the Principal)

SIGNED: _____

PARENT/GUARDIAN OF: _____

DATE: _____

*All completed enrolment forms and supplementary documentation to be
returned to the school*

PARENTAL CONSENT

RE: PUPIL ENROLLED IN DERRYOOVER NS

I/We, the undersigned parents/guardian of the above-named child hereby grant permission to my son/daughter to participate and undergo in the following numerated school programmes and related events conducted in Derryoover National School: -

1. PERSONAL DEVELOPMENT & SOCIAL SKILLS:

To participate in RSE (Relationships sexuality education) programme and Stay safe programme.

Yes [] No []

2. PUPIL EDUCATIONAL ASSESSMENTS:

To undergo diagnostic testing in order to assist my child's educational development and to allow Screening Tests, which are, required to be carried out on all children from infants to sixth class.

Yes [] No []

3. SPECIAL EDUCATIONAL NEEDS:

To grant permission for my child to attend the Learning Support/Resource teacher if deemed necessary.

Yes [] No []

4. MEDICAL PURPOSES:

To allow the school to furnish personal and family details including names, address, date of birth and contact numbers pertaining to my family to be forwarded to the HSE or their agents (doctor, nurse, dentist, etc.)

Yes [] No []

5. CHURCH LITURGICAL CEREMONIES & SACRAMENTAL PREPARATIONS:

To allow my child to go to Church and participate in religious ceremonies conducted by the school in partnership with the local Catholic Church as well as take part in sacramental preparations.

Yes [] No []

6. PHOTOGRAPHIC IMAGES & SCHOOL PROMOTIONS:

To allow my child to be photographed for display and school promotional purposes.

Yes [] No []

7. SPORT & OTHER EXTRACURRICULAR ACTIVITIES:

To allow my child to attend swimming instructions, physical and sporting activities, school tours, nature and field educational expeditions.

Yes []

No []

Complete the above by circling the appropriate yes or no to indicate your preference of parental consent.

SIGNED: _____

DATED: _____