



**Derryooper National School  
Enrolment Form**

*(Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child.)*

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**CHILD DETAILS**

1. **Name of Child:** \_\_\_\_\_
  2. **Date of Birth:** \_\_\_\_\_
  3. **PPS Number:** \_\_\_\_\_  
*(The PPS number is required by the Department of Education for registration purposes.)*
  4. **Copy of Birth Certificate attached:**  Yes  No
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**PARENT / GUARDIAN DETAILS**

5. **Mother's Name:** \_\_\_\_\_
  6. **Father's Name:** \_\_\_\_\_
  7. **Mother's Full Maiden Name:** \_\_\_\_\_
  8. **Home Address:** \_\_\_\_\_
  9. **Eircode:** \_\_\_\_\_
  10. **Parent / Guardian Phone Number(s):**
    - **Home:** \_\_\_\_\_
    - **Mobile (1):** \_\_\_\_\_
    - **Mobile (2):** \_\_\_\_\_
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**EMERGENCY CONTACT DETAILS**

11. **Phone number(s)/person(s) to be contacted in case of emergency or/and permission to collect:**
  - **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 contact you 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?  Yes  No
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## PREVIOUS SCHOOL INFORMATION

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

14. Date on which child left above school:

15. If applying to transfer from another school to Derryoover NS, please give reason for doing so:
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16. Phone number of previous school:

17. I give permission to the Principal to discuss the needs of my child with the manager of the pre-school/school listed above:

Yes  No

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## MEDICAL AND DEVELOPMENTAL INFORMATION

18. Has your child ever had any of the following assessments? *(Tick all that apply)*

- Psychological
- Psychiatric
- Occupational Therapy
- Speech and Language Therapy
- Other (please specify): \_\_\_\_\_
- Exempt from Irish (If yes, please attach documentation.)

19. Does your child appear to have difficulties with? *(Tick all that apply)*

- Hearing
- Sight
- Speech
- Allergy (please specify): \_\_\_\_\_
- Asthma
- Epilepsy

- Co-ordination / Motor Skills
- Attention / Concentration
- Emotional / Behavioural Difficulties
- Social Skills / Interaction
- Sensory Processing
- Toilet Training
- Other (please specify): \_\_\_\_\_

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

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## **CONSENTS AND AGREEMENTS**

21. **Do you grant permission for your child to leave the school grounds (accompanied by staff members) on school-related business (e.g., Church visits, field trips, swimming, school tours, school matches, etc.)?**  
 Yes  No
22. **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.)*  
 Yes  No
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## **AGREEMENT TO CONFORM TO THE ETHOS OF THE SCHOOL AND SCHOOL POLICIES**

23. **Having read a copy of the Mission Statement of Derryoover National School, will you allow your child to 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
24. **We are aware that the school uses Aladdin Software solutions for managing school data securely and may use Aladdin to manage payments to the school in future.**  
 Yes  No
25. **I/We agree to respect and abide by the Christian spirit and principles promoted and fostered in Derryoover National School.**  
 Yes  No
26. **I/We agree to abide by the school's Code of Behaviour and will co-operate with the management in implementing this policy.**  
 Yes  No
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## PARENTAL CONSENT

RE: (Child's Name) \_\_\_\_\_

I/We, the undersigned parents/guardians of the above-named child, hereby grant permission for my child to participate in the following school programmes and activities:

- **Personal Development & Social Skills:** Participation in the RSE (Relationships & Sexuality Education) programme and Stay Safe programme.  
 Yes  No
- **Pupil Educational Assessments:** Screening tests and diagnostic testing to assist in educational development.  
 Yes  No
- **Special Educational Needs:** Permission for my child to attend Learning Support/Resource teaching & Team-Teaching if deemed necessary.  
 Yes  No
- **Medical Purposes:** Permission for school to furnish personal and family details to HSE or their agents (doctor, nurse, dentist, etc.).  
 Yes  No
- **Church Liturgical Ceremonies & Sacramental Preparations:** Permission for my child to attend religious ceremonies and preparations.  
 Yes  No
- **Photographic Images & School Promotions:** Permission for my child to be photographed for school displays, projects, events, social media & school website.  
 Yes  No
- **Sport & Other Extracurricular Activities:** Permission for my child to attend swimming, sports, nature trips, and other school outings.  
 Yes  No

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## SIGNATURES

1st Parent/Guardian: \_\_\_\_\_

2nd Parent/Guardian: \_\_\_\_\_

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

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**If any of the details in this form change (e.g., address, phone number), please inform the school immediately.**

**Please attach a copy of all relevant assessments, reports, and documentation.**

**Return the completed form to the Principal by post, scan/email, or in person.**