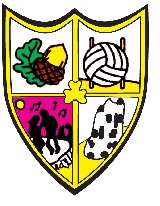
**Appendix 1**



**Clocha Rince NS**

**Application for Enrolment**

**Application Consideration Date for enrolment into Junior Infants is 1ST March of the year of enrolment.**

**Please ensure you have read the Enrolment Policy and attached Consent Form.**

**Non-sensitive data in relation to your child will be placed on the Primary On-Line Database as required by the Department of Education and Skills**

**Class Child is to be enrolled: Please Tick appropriate box**

**Junior Infants**

**Tír na nÓg ASD unit**

**Other Please state class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date on which you wish to enrol your child**

**Child’s Details**

**Child’s Name**

**Name in Irish (if known)**

**Date of Birth** (Your child must be 4 years of age on or before 1st September)

**Child’s PPSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex** Male/Female (please circle)

**Nationality**

**Religion**

**Home Address**

**Home Phone No.**

**Home Email Address**  \_\_\_\_\_\_\_

**Parent/Guardian Details**

**Mother’s Name**

**Home Address (if different from child’s address)**

**Employment Status**

**Home Telephone No.** (if different child’s home no.)

**Mobile No.**

**Father’s Name**

**Home Address (if different from child’s address)**

**Employment Status/Position**

**Home Telephone No. (if different child’s home no.) \_\_\_**

**Mobile No.**

**School Text Mobile** (Please indicate 1 mobile to receive texts from the school) \_\_\_\_\_

Is there a judgement under Family Law of which the school should be aware?

**YES/NO**

Please give details

**Emergency Contact Numbers (other than that of parent/guardian)**

Name

Relationship to child:

Landline Number Mobile

**Details of Previous School (if transferring)**

Name

Address

Transferring from Class

Are you prepared to arrange for the transfer of a copy of your child’s file **YES/NO**

**Doctor’s Details**

Name of Clinic and Doctor

Address

Telephone No.

Medical condition/s and/or Allergies

**Does your child have a special and/or additional need?** Yes/No (Please Circle)

If yes, please give details.

**Has your child ever received an educational/speech and language/ psychological assessment?** Yes/No (Please Circle)

If yes please give brief detail.

**Data Protection**

The information you have supplied on this application form and any information you provide subsequently to the school may be used by the school and appropriate school personnel, as deemed appropriate by the school principal and/or Board of Management, in any matter relevant to your child’s development.

**HSE**

The HSE request your child’s basic contact details at various times during their time in primary school to assist in the administration of various HSE inoculations and screening tests. The school facilitates the HSE in this regard. Please see the school consent form attached.

**Balyna Parish Office**

We are a Catholic School under the patronage of the Bishop of Kildare and Leighlin within the Parish of Balyna. The Parish Office requests basic contact information of all pupils for administrative purposes. This information is passed on to the Parish Office. Please see attached school consent form.

**Parents’/Guardians’ Signatures:**

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

**Office Use Only**

Date of receipt of application