

# Form B

St Clare's Primary School  
Manorhamilton,  
Co. Leitrim.  
*'Education is for Life'*  
Phone 0719855703  
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www.stclaresprimary.scoilnet.ie

## Application for School Enrolment

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PPS Number: \_\_\_\_\_ Gender Male/Female

Nationality \_\_\_\_\_ First Language \_\_\_\_\_  
Parish in which (if applicable) Ethnic \_\_\_\_\_  
he/she now lives \_\_\_\_\_ Background \_\_\_\_\_  
Religion \_\_\_\_\_

### Parents'/Legal Guardians Names

Parent/Guardian 1 \_\_\_\_\_

Contact address (where different to child)

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

Contact number (preferably Mobile)

Other (state)

e-mail

Occupation/Employment

Parent/Guardian 2 \_\_\_\_\_

Contact address (where different to child)

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

Contact number (preferably Mobile)

Other (state)

e-mail

Occupation/Employment

Number of boys in family: \_\_\_\_\_ Number of girls in family: \_\_\_\_\_

Position in family: \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) Intended school class: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Tel Number: \_\_\_\_\_

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, physical disabilities etc) or emotional problems, which may affect your child at school: \_\_\_\_\_

Any specific needs or educational needs your child may require: \_\_\_\_\_

The following named people may deal with my child in the following circumstances. Please tick as appropriate

1. Name: \_\_\_\_\_ Relationship to pupil: \_\_\_\_\_ Contact No. \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to pupil: \_\_\_\_\_ Contact No. \_\_\_\_\_

Permission to collect your child at school:

*(Please note this only relates to Junior & Senior Infants – 1<sup>st</sup> – 6<sup>th</sup> Class pupils go home independently at 2.45pm.*

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**Emergency School Closures:**

In the event of an emergency occurring while the school is in operation, it may become necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils. In order to help the school plan for such an event, please fill in the following details.

I agree that my child should return home independently/or with another child

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I request the school to contact the above named individual(s)

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**School Accidents:**

In the event of an accident occurring during school hours, which would necessitate immediate medical attention, please indicate your preference:

a) I agree that my child be brought directly to casualty: Yes: \_\_\_\_\_ No: \_\_\_\_\_

b) I request the school to contact the above named individual (s) (Please note that the staff will act 'in loco parentis' if they cannot be reached)

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**Sickness:**

In case your child should become ill and there is no-one at home

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**I/We consent to the following: (please state Yes or No (where applicable))**

**If 'no' please indicate your preferred alternative arrangements in an attached letter**

1. Use of **one nominated** mobile number by the school for the "Text a Parent" service e.g. notification via text re school closures, half days etc... \_\_\_\_\_ **Give nominated number** \_\_\_\_\_
2. Inclusion in Liturgical celebrations in keeping with the Catholic Ethos of the school such as Mass \_\_\_\_\_.
3. Teaching of vocabulary of body parts as outlined in S.P.H.E. policy \_\_\_\_\_.
4. Participation in the Relationships and Sexuality Education Programme (R.S.E) \_\_\_\_\_.
5. Inclusion of my/our child's photograph being published on school website, display boards and local newspapers, etc. in relation to any school events \_\_\_\_\_.
6. My/our child's clothes being changed by a teacher in the presence of another adult in the case of an accident, illness or toilet accident \_\_\_\_\_.
7. That my child will receive support from the Learning Support Teacher if deemed necessary \_\_\_\_\_.
8. Attend any events/outings which are off school premises e.g. visit to library, playground, school tours, etc. \_\_\_\_\_.
9. That my child will undergo standard educational tests as per school policy on assessment and the sharing of this information with all future schools that your child may attend \_\_\_\_\_.
10. That the school journal may be used as a means of communication with you the parents/guardians \_\_\_\_\_.
11. I have/will make staff aware of any **allergies** etc. and my child may occasionally receive treats/ tastes which may include sweets bars, fruit, popcorn etc. \_\_\_\_\_.
12. **Information contained in these forms (A and B) will be shared with D.E.S., HSE, Church and other Statutory Bodies as necessary.**

Signed: \_\_\_\_\_ Parent/Legal Guardian 1 Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Legal Guardian 2 Date: \_\_\_\_\_