School Year of entry:

Class into which child wishes to enter:

*Surname: _____ *First Name: _____

Birth Certificate names: (if different from above) _____

*Address: _____ *Date of Birth: _____ *Sex: M___ F __

_____ *Nationality of child: _____

_____ ***Child's PPS No:** _____

_____ *Religion: _____

*EIRCODE:

Brothers/sisters (already in school here). Names: _____

*Date your child arrived in Ireland, if they have come from another country? _____

*Has your child attended any other school in Ireland?_____ Class: _____

Father's Details

*Name: _____

Occupation: _____

Phone: (H)_____ (W) _____

*Mobile: _____

e-mail: _____

Mother's Details

*Name: _____

Occupation: _____

Phone: (H)_____ (W) _____

*Mobile: _____

e-mail: _____

***Mother's Maiden Name:**

If Parents are not available, who should we contact?

Contact 1:

Name: _____

Phone: _____

Relationship to child: _____

Contact 2:

Name: _____

Phone: _____

Relationship to child: _____

Medical History: _____

Allergies: _____

Special Needs (List any problems the child may have in relation to health or special needs etc.

_____

Doctor: _____ **Phone No:** _____

For children of Non Irish Parents:

Mother/Father country of birth: _____ *Child's first Language: _____

*Did your child attend school in country of origin? **YES / NO**

PLEASE ANSWER YES OR NO TO THE FOLLOWING (PLEASE CIRCLE AS APPROPRIATE):-

Has your child attended playschool/montessori?* ***YES / NO*

In Ireland? ***YES / NO***

Do you give permission for your child to attend the Learning Support Teacher if deemed necessary? ***YES / NO***

Do you give permission for your child to take part in the Stay Safe and Relationship & Sexuality Education Programme? ***YES / NO***

Has your child suffered from any loss or trauma? ***YES / NO***

Does any legal order under family law exist that the school should know about? ***YES / NO***

(The school should be made aware of any court order that affects the child's welfare and also the name of any person into whose custody the child should be given)

During the course of the school year, all classes participate in a variety of different activities outside the school premises. These include, for example, sporting activities, educational tours and other activities that may arise. We give permission for our child to participate in school trips and tours that may arise. ***YES / NO***

I/We give consent to the staff of Scoil Íde to obtain professional medical aid for our child in the case of a medical emergency or serious injury. ***YES / NO***

There are various forms to be filled out during the school year where the name of your child(ren) and/or date of birth/address/phone number/PPS number, ethnic/cultural background is requested e.g. POD Dept of Education Online Database, School Dentist visits, School Nurse, Galway City Sports, Competitions etc. In order to comply with Data Protection legislation, we require your permission to pass on this information to the relevant body. ***YES / NO***

I/We give permission for our child's photograph and examples of our child's work to be published on our website ***www.scoilide.com.*** ***YES / NO***

I/We give permission for our child's photograph (but not their name) and artwork to be published on the Scoil Íde Facebook page. ***YES / NO***

I/We agree to accept the Code of Discipline of Scoil Íde. ***YES / NO***

I/We would like our child to make her First Holy Communion and Confirmation. ***YES / NO***

If YES please attach a copy of your child's stamped Catholic Baptismal Certificate.

I/We give permission for my child to use the internet under the supervision of a teacher as per the Scoil Íde Internet Use Policy. ***YES / NO***

Has your child ever had a psychological assessment. ***YES / NO***

Has your child ever had a speech and language assessment. ***YES / NO***

(please supply the school with copies of any reports which have been carried out on your child)

NOTE: Information with an asterix * beside it will be forwarded to the Department of Education and Skills.

Please tick the box to state that you have read our Privacy Notice to parents/guardians) on our website www.scoilide.com ☐

N.B. This form must be accompanied by a copy of the child's birth certificate and signed by both parents/legal guardians

Parent's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____