

SN Cnoc an Teampaill,
Achadh an Iúir,
Co. an Chabháin.
A82 PF98
Roll No: 17625L



Knocktemple NS,
Virginia,
Co. Cavan.
A82 PF98

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principal@knocktemplens.ie

(049)8547081

Application for Enrolment

Name of Child: _____

Date of Birth: _____

Address: _____

Eircode: _____

Additional Information for Primary Online Database:

Birth Certificate Forename (if different from above) _____

Birth Certificate Surname (if different from above) _____

Nationality of child: _____

PPS No: _____

Mother's Maiden Name: _____

In which class type do you wish your child to enrol? (please circle relevant category)

Mainstream

Special Class for children with ASD

To which ethnic or cultural background group does your child belong (please circle relevant categories)

White Irish

Irish Traveller

Roma

Any other white background

Black African

Any other black background

Chinese

Any other Asian background

Other

No consent

What is your child's Religion? (Circle one option)

Roman Catholic	Church of Ireland (inc Protestant)	Presbyterian
Methodist, Wesleyan	Jewish	Muslim (Islamic)
Hindu	Orthodox (Greek, Coptic, Russian)	Buddhist
Lutheran	Jehovah's Witness	Atheist
Baptist	Apostolic or Pentecostal	Agnostic
Other Religions	No Religion	No Consent

Is one of the pupil's mother tongue (ie language spoken at home) Irish or English? Yes/No

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department Of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____ Parent/Guardian

Date _____

Signed: _____ Parent/Guardian

Date _____

Contact Details

Parent 1 Name: _____

Parent 2 Name: _____

Address: (if different from pupil's)

Address: (if different from pupil's)

Occupation: _____

Occupation: _____

Mobile number: _____

Mobile Number: _____

Work number: _____

Work Number: _____

Email: _____

Email: _____

Please supply an alternative contact in the event of an emergency:

Name: _____

Phone number: _____

Medical Details

Family Doctor: _____ Phone number: _____

Any relevant medical information:

Educational Details:

Name of Preschool attended: _____

Name of primary school attended (if applicable) _____

Does any legal order under family law exist that the school should know about? Yes No

Consents:

We would like your permission for the following in relation to your child

Please tick the appropriate box and sign - Both parents/guardians please sign below

I hereby give permission for my child in relation to the following:	Yes	No
Go on school tours, local educational visits/field trips and participate in school activities (e.g. matches, quizzes, choir)		
Data Protection On occasions such as Communion, Confirmation and other school events, local press photographers take group photos of children and in some instances identify the children by name. Do you agree to the school using your child's image in this way? (Please remember that removing a child from a photo of the rest of the class can be quite upsetting for the child).		
Data Protection Can we use your child's name/Photograph in relation to publicising school events and activities in our newsletter, our website, Parents Association Facebook page and our twitter page (both private accounts)?		
Data Protection Images of your child and his/her work may appear on our website, Parents Association Facebook page and twitter page (both private accounts). Images may be of individuals or groups. Do you agree to the school using your child's image and name in this way?		
Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? (In a non-emergency it is the		

school's policy is to inform parents/guardians if their child has had an accident in school which may require them to collect their child and take him/her home or to hospital or doctor). In an emergency it may be necessary to take the child to hospital/doctor and inform parents/guardians afterwards.		
On occasion we administer diagnostic and screening tests (e.g. Neale Analysis, MIST, Belfield Infant Screening, NRIT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this?		
School Policies I have read a copy of our school's Code of Behaviour on the school's website (www.knocktemplens.ie) and agree that my child and I will abide by it.		

Permissions granted on this form will be regarded as valid for the duration of the child's enrolment in the school unless the school is notified otherwise.

Signed: _____ **Parent/Guardian** **Date:** _____

Signed: _____ **Parent/Guardian** **Date:** _____

Checklist for Application

Copy of Birth certificate	
Copy of Baptismal Certificate (if Catholic)	
Professional Reports example Psychological assessments (if applicable)	
Fully completed Application Form	