

Scoil Diarmada,  
Garter Farm,  
Athy Road,  
Castledermot, Co. Kildare.

R14 FX46  
Tel: 059-9144355  
E-mail: schooloffice@scoildiarmada.com



Principal: Jennifer Murphy

Roll No: 19786W

### Application for Enrolment

Please complete in **BLOCK CAPITALS** and fill in all sections. Incomplete applications cannot be accepted.

<b>Pupil's Name:</b>	<b>Class Level</b>
<b>Male/Female</b>	
<b>Date of Birth:</b>	<b>Date of Enrolment</b>
<b>Nationality:</b>	<b>If born outside the country, year of arrival in Ireland:</b>
<b>Language spoken in the home</b>	
<b>Siblings: Name/Class (if applicable)</b>	<b>Religion</b>
<b>Child's Address: (Please include Eircode)</b>	

<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>	
<b>Mother's Maiden Name:</b>		
<b>Relationship to Child:</b>	<b>Relationship to Child:</b>	
<b>Phone No (Home):</b>	<b>Phone No (Home):</b>	
<b>Phone No (Work):</b>	<b>Phone No (Work):</b>	
<b>Phone No (Mobile):</b>	<b>Phone No (Mobile):</b>	
<b>email address:</b>	<b>email address:</b>	
<b>Marital Status of Parents/Guardians:    Married    Separated    Single    Other</b>  <input type="checkbox"/>		
<b>Please tick box if in the case of separated parents if school correspondence is to go to both parents/guardians. (i.e. school newsletters, end of year school reports, school texts )</b>		
<b>Please tick below</b>	<b>Yes</b>	<b>No</b>
<b>Are there any orders or other arrangements in place governing access to or custody of your child?</b>		
<b>From time to time we may need to contact your child's preschool / previous school regarding your child's progress and development.  Please tick here to give consent to the preschool / previous school to release any relevant information</b>		
<input type="checkbox"/> <b>Ye</b> <b>s</b>	<input type="checkbox"/> <b>No</b>	
<b>Name of    Previous School/Pre-school:</b>		
<b>Email of Previous School/Pre-school:</b>		
<b>Address of Previous School/Pre-school:</b>		

<b>What classes are already completed (if transferring from another primary school)</b>			
<b>Additional local contact names, to be contacted in emergencies [Not the same as above]</b>			
<b>Name:</b>		<b>Phone No:</b>	
<b>Relationship to child:</b>			
<b>Name:</b>		<b>Phone No:</b>	
<b>Relationship to child:</b>			
<b>Please tick below</b>			
<b>Have you attached a Birth Certificate for your child?</b>			<b>Yes</b>
<b>Have you attached baptismal certificate (if applicable) for your child?. We request this information now as an expression of interest for sacramental preparation.</b>			<b>No</b>
<b>Have you attached a household bill as proof of address?</b>			<b>Yes</b>
			<b>No</b>

<b>Relevant Medical Information:</b>	
<b>Family Doctor:</b>	<b>Phone No:</b>
<p><b>Scoil Diarmada aims to provide a safe and healthy environment for its staff and pupils. Bearing this in mind, parents must inform the school on enrolment, of any medical condition or allergy from which their child may be suffering. If a diagnosis of a medical condition or allergy is made on a child already enrolled, parents must let the school know.</b></p>	

Any medical concern/information of relevance. Should your child require daily medications please fill in the administration of medication form attached to the end of this document.

Has your child any Special Educational Needs?

Sight, Hearing, Speech and Language, AHD, ADD, ASD, Physical, Emotional, O.T. etc., linked in with NDT or has been referred under the Assessment of Need. Should your child have any reports from health professionals they should be attached. If your child has not got any reports but they are awaiting assessments please indicate at this time.

**ASSESSMENT REPORTS INCLUDED WITH APPLICATION** (Please tick reports included)

<b>Tick</b>	<b>Professional Report</b>	<b>Date of Report</b>	<b>Name of Professional</b>	<b>Contact details of Professional</b>
	Psychologist Report			
	Psychiatrist Report			
	Occupational Therapist Report			
	Speech and Language Report			
	Physiotherapist Report			
	Assessment of Need Report			
	Early Intervention Team Report			
	Other			

**Consent Form**

<b>Please Tick below</b>	<b>Yes</b>	<b>No</b>
<b>Activities Outside/After School organised by school personnel under the remit of the Board of Management.</b>		
During the school year classes may undertake activities outside the school premises e.g. visiting the church, library. I consent that my child may do so.		
<b>D.T. (Digital Technology)</b>		
I give consent for my child to use the computers/IPads etc in the school in line with our Acceptable Use Policy.		
<b>Photographs on School Website/Publications:</b> I give consent for the use of school related photographic images which include my son/daughter on the school website, school newsletter, school Twitter page, school Facebook page, school features in news articles or in other school publications or displays. I understand that s/he will not be identified individually.		
<b>Department of Education</b>		
I consent for the personal data on this form to be transferred to the Primary Online Database (POD) and transferred to the Department of Education and any other primary schools my child may transfer to during the course of their time in primary school. <i>For further information on POD please access the Department of Education website <a href="http://www.education.ie">www.education.ie</a>.</i>		
<b>Medical Emergencies</b>		
I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.		
<b>Competitions</b>		
I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.		
<b>Educational Screening Tests</b>		
I give permission for educational screening tests for my child should they be required.		
<b>Code of Behaviour</b>		
I undertake to support and co-operate with Scoil Diarmada Code of Behaviour as well as all other policies on curriculum, organisation and management. I will ensure my son/daughter will wear the full school uniform and PE uniform on days appointed.		
<b>Homework</b>		
I will ensure my child will complete their homework to the best of their ability.		

I/we wish to enrol my/our child in Scoil Diarmada.
I/We understand that it is our responsibility to inform Scoil Diarmada should phone number, address or email details change.
Signed: _____ Parent/Guardian Date: _____
Signed: _____ Parent/Guardian Date: _____
<b>Both Parents/Guardians to sign where possible.</b>

**Data Protection Statement for inclusion on relevant forms when personal information is being requested**

The information collected on this form will be held by Scoil Diarmada Castledermot in manual and in electronic format. The information will be processed in accordance with the Data Protection Act, 1988 and the Data Protection (Amendment) Act, 2003.

The purpose of holding this information is *for administration and, to facilitate the school in meeting the student's educational needs.*

Disclosure of any of this information to statutory bodies such as the Department of Education and Science or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians or students aged 18 or over if the school wishes to disclose this information to a third party for any other reason.

Parents/Guardians of students and students aged 18 or over have a right to access the personal data held on them by the school and to correct it if necessary.

I consent to the use of the information supplied as described.

**Signed Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Administration of Medicines

**Should your child require medication in the case of medical need please fill in the form below.**

**Please be advised that the Board of Management will need to authorise any and all administration of medication.**

**A letter from GP/Other healthcare professional is necessary clearly stating any medical support/interventions required during school hours.**

Pupil's Name \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Pupil's Doctor \_\_\_\_\_

Doctor's Contact Details \_\_\_\_\_

**Diagnosed Condition/s:**

**Diabetes** \_\_\_\_\_

**Epilepsy** \_\_\_\_\_

**Allergies requiring Epi-pen** \_\_\_\_\_

**Other Diagnosed Condition** \_\_\_\_\_

Medication Details \_\_\_\_\_

Signed \_\_\_\_\_ Parent / Guardian

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

Date \_\_\_\_\_