

Scoil Diarmada,

GarterFarm

Athy Road

Castledermot,

Co. Kildare.

R14 FX46

Tel: 059-9144355

E -mail: schooloffice@scoildiarmada.com

Principal: Jennifer Murphy

Roll No: 19786W



Class Enrolment Form 2022/2023

To be completed and returned to the school prior to possible allocation of place in school

Please refer to the Admission Policy of Scoil Diarmada for further details.

Please enclose with your application:

- **Birth Certificate**
- **Baptismal Certificate (if applicable)**
- **Household Bill (e.g. Gas/Electricity)**

Applications close on Friday the 28th of January 2022.

Applications for Junior Infants 2022/2023 close on Friday, 28th January 2022.

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Application for Enrolment

| | |
|--|---|
| Please complete in BLOCK CAPITALS and fill in all sections. Incomplete applications cannot be accepted. | |
| Pupil's Name: | Class Level |
| Male/Female | P.P.S. Number |
| Date of Birth: | Date of Enrolment |
| Nationality: | If born outside the country, year of arrival in Ireland: |
| Language spoken in the home | |
| Siblings: Name/Class (if applicable) | Religion |
| Child's Address: | |

| | | |
|---|------------------------------------|--------------------------|
| | | |
| Parent/Guardian Details | | |
| Parent/Guardian 1 | Parent/Guardian 2 | |
| Mother's Maiden Name: | | |
| Relationship to Child: | Relationship to Child: | |
| Phone No (Home): | Phone No (Home): | |
| Phone No (Work): | Phone No (Work): | |
| Phone No (Mobile): | Phone No (Mobile): | |
| email Address: | email Address: | |
| Marital Status of Parents/Guardians: Married Separated Single Other | | |
| 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) | | <input type="checkbox"/> |
| Please tick below | Yes | No |
| Are there any orders or other arrangements in place governing access to or custody of your child? | | |
| 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 | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Name of Previous School/Pre-school: | | |
| Email of Previous School/Pre-school: | | |

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

| | |
|---|------------------|
| Relevant Medical Information: | |
| Family Doctor: | Phone No: |
| <p>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.</p> | |

Any medical concern/information of relevance? (use a separate sheet, if required) I.E. Physical, Medical or Allergies. Please give details.

If your child requires daily medication during school time please fill in the Administration of Medicines form at the end of the application form.

Has your child any Special Educational Needs? i.e. 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 at this time.

ASSESSMENT REPORTS INCLUDED WITH APPLICATION (Please tick reports included)

| Tick | Professional Report | Date of Report | Name of Professional | Contact details of Professional |
|-------------|--------------------------------|-----------------------|-----------------------------|--|
| | Psychologist Report | | | |
| | Psychiatrist Report | | | |
| | Occupational Therapist Report | | | |
| | Speech and Language Report | | | |
| | Physiotherapist Report | | | |
| | Assessment of Need Report | | | |
| | Early Intervention Team Report | | | |
| | Other | | | |

Consent Form

| Please Tick below | Yes | No |
|--|-----|----|
| Activities Outside/After School organised by school personnel under the remit of the Board of Management. | | |
| 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. | | |
| D.T. (Digital Technology) | | |
| I give consent for my child to use the computers/IPads etc in the school in line with our Acceptable Use Policy. | | |
| Photographs on School Website/Publications: 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. | | |
| Department of Education | | |
| 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 www.education.ie.</i> | | |
| Medical Emergencies | | |
| 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. | | |
| Competitions | | |
| 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. | | |
| Educational Screening Tests | | |
| I give permission for educational screening tests for my child should they be required. | | |
| Code of Behaviour | | |
| 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. | | |
| Homework | | |
| 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: _____ |
| Both Parents/Guardians to sign where possible. |

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: _____

Administration of Medicines

Pupil's Name _____

Address: _____

Date of Birth: _____

Pupil's Doctor _____

Doctor's Contact Details _____

Diagnosed Condition _____

Medication Details _____

What action is to be taken by the school:

We/ I request that the Board of Management authorise the taking of prescription medication during the school day as it is absolutely necessary for the continued well-being of our/my child. The medication will be self-administered under the supervision of an authorised adult. A written record will be kept by that adult. We/ I understand that the school has no facilities for the safe storage of prescription medicines and that the prescribed amount be brought in daily and kept by the secretary/teacher/SNA for safe keeping.

We understand that we must inform the school principal / teacher / SNA of any changes of medicine / dose in writing and we must inform the school in writing each year of the medical condition.

We understand that no school personnel have any medical training and we indemnify the Board of Management from any liability that may arise from the administration of the medication.

Signed _____ Parent / Guardian

_____ Parent / Guardian

Date _____