Principal:
Bríd Ryan

Deputy Principal:
Deirdre Lanigan

Scoil Ailbhe
Parnell St.
Thurles
Co. Tipperary
Tel: 0504 – 21448

Email: reception@scoilailbhe.ie

Enrolment Form

Name of Child: _____

Child's P.P.S. No. _____ **Gender:** _____

Date of Birth: _____

Nationality of Child: _____

Home Address: _____

Eircode: _____ **E-mail Address:** _____

Home Telephone Number: _____ **Mobile:** _____

Class into which child will be enrolled: _____ **Year of Entry:** _____

Pre-School attended:_____ **Number of Years in Pre-School:** _____

or

Current Class: _____ **(if transferring from another school)**
Name of Last School (if applicable) _____

Parent / Guardian 1	**Parent / Guardian 2**
Address	**Address**
Mobile Phone: **E-mail:**	**Mobile Phone:** **E-mail:**

Siblings currently or previously enrolled in the school:

Name(s) _____

Educational Details

Do you give permission to Scoil Ailbhe to receive, for educational purposes, the results of your child's standardised tests from their current school? Yes ☐ No ☐

Does your child have special needs? Yes ☐ No ☐

If yes, please outline: _____

Has your child ever been psychologically assessed? Yes ☐ No ☐

If yes, does Scoil Ailbhe have your permission to receive a copy of the Psychological Report before enrolment? Yes ☐ No ☐

International Children's Profile

Year of arrival of child in Ireland _____

Did your child attend school in country of origin? Yes ☐ No ☐

If yes, for how many years?_____

Language spoken at home _____

Religion
Religious Denomination: _____

Has your child been baptised? Yes ☐ No ☐ If Yes, please state where: _____

Medical Information

Name of Family Doctor_____

Please list any health concerns / difficulties relating to your child, which you feel the school should be aware of. (e.g. allergies; epilepsy; asthma; sight; hearing; speech etc.)

_____

_____

Does your child require medication during the school day: Yes ☐ No ☐

* If your child requires medication during the school day, you will need to complete the **Administration of Medications Form**.

Additional Family Information – Please outline any legal order, under family law, which the school should know about. This may include identifying specific people who may / may not collect your child or gain information about the welfare or educational progress of your child.

_____
_____
_____

Is there any other information that you feel the school should be aware of? You may wish to mention your child's strengths; areas of difficulty; close friends; worries; interests etc.

_____
_____
_____
_____
_____

Birth Certificate
Have you attached a copy of your child's birth certificate: Yes ☐ No ☐

Contact Numbers

We make every effort to ensure the safety of your child. If we are unable to contact you, please provide two alternative contact numbers (**not your own number**):

1. Name_____ Relationship to child_____

Address_____

Phone Number: _____

2. Name_____ Relationship to child_____

Address_____

Phone Number: _____

Please insert a mobile number to which text messages are to be sent: *Please note text messages are sent to one number only.

Mobile Number for Text Messages from school. _____

Parental Consent Form

I / We hereby agree to the following statements:	**Yes**	**No**
I / We have read the **Code of Behaviour** and will cooperate fully with the school in supporting this and all other policies.		
I / We will cooperate with the staff and support the **ethos** of the school		
I / We consent to the inputting of the information provided here, including **PPSN**, on the **Department of Education's Pupil Online Database (POD)**, along with the information gathered by the school, for example, attendance records, educational attainments, and additional educational needs.		
I / We consent to the sharing of pupil information with the **Department of Social Protection, HSE, Community Health System and Tusla** when required.		
I / We give permission for my child to leave the school grounds **to participate in local educational / sporting trips**, which may occur during the school year, for example library, church, other schools etc.		
I / We give permission to take our child straight to **hospital in an emergency**.		
I / We give permission for **school staff to look after my / our child in school** in the event of a minor accident e.g. fall; wetting/ soiling		
I / We have read and accept the **Acceptable Use Policy** for internet access. I understand the internet will be used for educational purposes, and that the school cannot be held responsible if a pupil gains access to any unsuitable websites. Every reasonable precaution is taken by the school to provide for online safety.		
My / Our child may have their **picture taken or may be videoed**, while engaging in any educational or school-related activity.		
I / We give permission for my **child's photograph, video or schoolwork** to be published on the school website, the school social media accounts or in a media publication.		
I / We consent to the school **administering diagnostic testing** to analyse my child's educational progress.		
I / We consent to our child being involved in **individual / group learning support** where necessary. I understand that this could involve my child being taught in another classroom or SET room.		
I / We are aware that the school has **CCTV** in operation for security purposes		
I / We wish for our child to attend **Catholic religious services** during the year. This may involve mass on Holy Days, confession and prayer services. If you answer 'No' here, your child will be supervised, where possible, in another room. If this isn't possible, you may be required to collect your child from school.		
I / We wish for our child to partake in the **Relationships and Sexuality Programme** as outlined by the Department of Education and Skills		
I / We agree to the sharing of relevant school records (including Individual Education Plans, attendance data, school reports and assessments) **should** our child transfer to another school.		

If at any stage you wish to withdraw consent or opt out of any of the above arrangements, please inform the school in writing. The school will consider all data and consents on this application as valid, until otherwise notified. All data gathered will comply with our GDPR responsibilities.

Signed: _____ **(Parent 1)** _____ **(Parent 2)**

Date: