



Application for enrolment in St. Raphael's National School

Please Use Block Capitals



Date of enrolment ___/___/___ Class to be enrolled in _____

First Name: _____ Surname: _____

Gender: ___ Date of Birth ___/___/___ Name on birth certificate if different from above: _____

Address _____

Parish _____ Baptised: yes ___ no ___ (if so copy of certificate required for future sacraments)

Mothers Maiden Name _____ Child's PPSN _____ Nationality: _____

Parents Nationality and First Language: _____ Is English or Irish spoken at home? _____

Contact Details

Parent/ Guardian _____ Relationship to Child: _____ Phone: _____

Parent/ Guardian _____ Relationship to Child: _____ Phone: _____

Additional Contact _____ Relationship to Child: _____ Phone: _____

Additional Contact _____ Relationship to Child: _____ Phone: _____

In case of emergency please list two alternative people to collect your child if you are unavailable

Name: _____ Relationship to Child: _____ Phone: _____

Address: _____

Name: _____ Relationship to Child: _____ Phone: _____

Address: _____

Name of Pre-school or other Primary school attended: _____

Names of any relatives in St. Raphael's NS _____ Childs place in family: _____

Medical History

Has your child any health problems that the school should be aware of? Please give details: _____

Has your child ever had Epilepsy? _____ Is your child allergic to any medication? _____

Any other known allergies: _____ Is your child taking any long-term medication? _____

Specialist and Hospitals attended: _____

Has your child any difficulties with hearing? _____ Has your child any difficulties with their sight? _____

Has your child any difficulty with speech and Language? _____

Has your child been referred to any other agency? _____

Does any legal order under family law exist that the school should know about? _____

Parent/ Guardian Consent Form

In the event of your child needing medical attention while attending St. Raphael's School between 8:50am and 2:30pm every effort will be made to contact you however if we are unable to contact you, please sign below.

I give permission for the school staff to bring my child to hospital. I also agree that the attached form detailing my child's medical history be given to the hospital authorities. I also authorise the hospital concerned to give my child whatever treatment or medication they deem necessary.

Signed by Parent Guardian: _____

Date: _____

Please tick the box to give permission for the following:

I give permission for my child to leave the school premises on supervised school tours/trips /outings.

I give permission for my child to partake in the Social, Personal and Health Education programmes, delivered in the school. This includes Walk Tall, Relationships and Sexuality Education programme and Stay Safe programme.

I give permission for my child to undergo school based diagnostic/educational screening tests if required.

I give permission for my child to have his/her photograph taken for Local/National Newspapers Magazines, newsletters etc. during school events.

I give permission for my child's picture to be uploaded on the schools website.

I give permission for my child to be interviewed or recorded during school related events for local/ national radio and television programmes.

I give permission for my child to wear face paint during school related activities.

We wish to make it clear to parents/guardians that permission can be withdrawn at any time by writing to the Principal.

I have read and accept the schools code of behaviour

I have read and accept the Schools internet User Policy

Signed by Parent/Guardian: _____

Date: _____

Optional Information for the Department of Education and Skills Primary Online Database

To which ethnic or cultural background group does your child belong (tick one) (Categories based on Census of Population)

White Irish ___ Irish Traveller ___ Roma ___ Any other White Background ___ Black or Black Irish - African ___
Black or Black Irish - Any other Black Background ___ Asian or Asian Irish - Chinese ___ Asian or Asian Irish - Any other Asian background ___ Other
(inc. mixed background) ___ No consent ___

What is your child's religion?

Roman Catholic ___	Church of Ireland (Anglican) ___	Methodist, Wesleyan ___
Muslim (Islamic) ___	Hindu ___	Orthodox (Greek, Coptic, Russian) ___
Buddhist ___	Jehovah's Witness ___	Lutheran ___
Atheist ___	Baptist ___	Agnostic ___
Jewish ___	Presbyterian ___	Apostolic or Pentecostal ___
Protestant ___	Evangelical ___	No Religion ___
Christian Religion Other Religions (not further defined) ___		No Consent ___

I consent for the sensitive personal data in the two questions above 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 by Parent Guardian: _____

Date: _____