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Killadooley NS
Ballybrophy
Portlaoise
Co Laois
R32 A726

Enrolment Application Form

Name: _____

Proposed Year of Entry: _____

Class: _____

Name of Pupil:

Address and Eircode:

.....
.....

Date of Birth: P.P.S.N.
(Please attach Birth Certificate)

Religious Denomination of pupil: Baptised: Yes No

Home Phone No: Mobile No:
(This is the number that texts will be sent to from the school)

Email:

Mother's Name:

Address (if different from above)

.....
.....

Mother's Mobile No: Mother's Work No:

Father's Name:

Address (if different from above)

.....
.....

Father's Mobile No: Father's Work No:

Does there exist any legal order under family law, of which the school should be aware?

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It is essential that the school be informed of any court order or family arrangement that might affect the child's welfare. It is also essential that the school be informed if there is any individual into whose custody the child should not be given. Please discuss any such matters with the school principal and class teacher. The school would need to have a copy of any document if there is a requirement or order in relation to custody etc.

Name and address of pre-school/childcare setting attended:

.....

.....

Previous School(s) attended:

.....

Reason for transfer:

.....

In the case of your child being ill in school or in an emergency please give the name and address and contact number of two persons who may be contacted if you are unavailable.

Contact 1:

Contact 2:

Name:

Name:

Address:

Address:

.....

.....

Landline:

Landline:

Mobile:

Mobile:

Relationship to Child:

Relationship to Child:

Has your child any allergies?

Yes

No

If yes please give details:

.....

.....

Does your child have a specific learning disability?

Yes

No

If Yes please specify:

.....

.....

Has your child ever been referred to the HSE?

Yes

No

If Yes please give details

Speech and Language

Occupational Therapy

Physiotherapy

Other

Laois

Tipperary

Other

Please give details.

.....

PLEASE DON'T FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR
CHILD'S DEVELOPMENT AND/OR NEEDS.

Any information about the pupil's emotional and social development and/or other information you consider relevant to the child's attendance in a new school.

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.....

Does your child suffer a disability in any of the following areas. Give details where necessary.

Sight? Yes No _____

Hearing? Yes No _____

Speech? Yes No _____

Kidney? Yes No _____

Limb? Yes No _____

Co-ordination? Yes No _____

Does your child suffer or has your child suffered fro any of the following: please give details where relevant.

Asthma? Yes No _____

Bronchitis? Yes No _____

Epilepsy? Yes No _____

Fainting? Yes No _____

Is your child on a regime of medication?

Yes

No

If Yes please give details:

.....
.....

Any other information you consider relevant to the child's attendance in a new school:

.....
.....
.....

AGREEMENT FOR MEDICAL TREATMENT IN AN EMERGENCY

I consent to receiving medical treatment by a doctor in an emergency if I cannot be contacted.

Do you give permission for your child to go on school trips under teacher supervision during the school day e.g. trips to local towns, local historical buildings etc.

Yes

No

Sometimes journalists visit our school to take pictures of the children e.g. awards/prizes, sporting events, first day at school etc. Do you give your permission for your child to be photographed for school projects, local newspapers and school related activities?

Yes

No

The Board of Management cannot be held responsible for pictures/video taken by parents at celebrations, school performances etc.

Sometimes the school is requested to pass on names of children and their addresses to the HSE for immunisation purposes, to secondary school when children are transferring to second level, to sporting bodies when children are taking part in games outside the school. Do you allow the school to pass on this information to these bodies?

Yes

No

The school teaches Relationships and Sexuality Education (RSE) using the guidelines provided by the Department of Education and Skills. If you would like to view the content of the programme used in the school you are welcome to do so.

I want my child to take part in the RSE programme.

Yes No

Do you give permission for your child to take part in Swimming Lessons organised by the school?

Yes No

Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

Yes No

During your child's time in Killadooley National School, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their education development. I give permission for any necessary diagnostic tests to be carried out with my child.

Yes No

Do you give permission to allow your child attend the Learning Support / Resource Teacher if deemed necessary?

Yes No

I hereby apply for a place for my child in:

Junior Infants	_____	Third Class	_____
Senior Infants	_____	Fourth Class	_____
First Class	_____	Fifth Class	_____
Second Class	_____	Sixth Class	_____

If accepted for entry

I hereby undertake for myself and for my child,

- To observe the rules and regulations of the school made and to be made
- To accept the ethos and characteristic spirit of the school, as set out in the admission policy and elsewhere
- To accept the school's Code of Behaviour

If possible both Parents/Guardians should sign this form:

Signature of Parents/Guardians: (1) _____ (2) _____
Mother Father

(1) _____ (2) _____
Guardian Guardian

Date: _____

Items accompanying this Application Form:

- | | | | |
|--|-------|--|-------|
| 1. Birth Certificate | _____ | 4. Psychological Report (if applicable | _____ |
| 2. Baptismal Certificate | _____ | 5. Other (please detail) | _____ |
| 3. Previous School Report
(If transferring) | _____ | | |

Office use only

Application received _____

Application acknowledged _____