

# St Kevin's GNS Enrolment Form SCHOOL YEAR: 2023-2024

If you would like assistance in completing this form – please ask. We are happy to help.

| •                |          | <br> | <b>1</b> |  |
|------------------|----------|------|----------|--|
| CHILD'S DEDCONAL | DETAILS. |      |          |  |

| CHILD STERSONAL DETAILS.                                    |   |
|---|---|
| Child's first name  |   |
| Child's surname   |   |
| Birth certificate name (if different from above):           |   |
| Child's PPS number:   |   |
| Child's date of birth:                                      | //  |
| Place of birth / Country of birth:                          |   |
| Child's nationality:  |   |
| Gender:   | Female  |
| Mother's maiden name:                                       |   |
| CHILD'S HOME ADDRESS:                                       |   |
|   |   |
|   |   |
| PARENT / GUARDIAN CONTACT DETAILS                           | :   |
| Mother's name:  |   |
| Mother's mobile number:                                     |   |
| Mother's alternative contact number:                        |   |
| Mother's email address:                                     |   |
| Father's name:  |   |
| Father's mobile number:                                     |   |
| Father's alternative contact number:                        |   |
| Father's email address:                                     |   |
| contact / collect your child from school (other than number | nere neither parent is contactable – please nominate a person to ers already given) |
| Emergency contact name:                                     |   |
| Relationship to child:                                      |   |
| Telephone number:   |   |
| HISTORY WITH THE SCHOOL:                                    |   |
| Does your child have sibling(s) currently attending         | g St Kevin's GNS YES / NO   |
| or St Kevin's Boys' School?                                 |   |
| If so, what class is sibling(s) currently in?               |   |
| Please state sibling(s) name(s):                            |   |
| Has a sibling previously attended St Kevin's GNS            | 5?  |
| If so, please state that child's name:                      |   |

| Have other family members (mother/aunt) attended the school in |  |
|--|--|
| the past? If so, please state their names:                     |  |

#### **FAMILY:**

| Do both parents have full guardianship of the child you wish to enrol? | YES / NO |
|--|----------|
| Do both parents have the legal right to remove the child from school?  | YES / NO |
| Does your child live at home with both parents?                        | YES / NO |

If no, please detail living/custody arrangements: If there are any legal guardian or custody issues, please inform the school in writing.

#### **MEDICAL HISTORY:**

| Is your child taking long-term medication? If so, please give details below       | YES | / | NO |
|---|-----|---|----|
| Do you have concerns about your child's health? If so, please give details below  | YES | / | NO |
| Do you have any concerns in relation to your child's hearing or eyesight?         | YES | / | NO |
| Does your child have any known allergies? If so, please give details below        | YES | / | NO |
| Do you have concerns in relation to your child's speech and language development? | YES | / | NO |
| Do you have concerns in relation to your child's co-ordination or balance?        | YES | / | NO |
| F d - D-4-2   |     |   |    |

#### **Further Details:**

#### PERSONAL DEVELOPMENT

| Does your child have good self-care skills? *   | YES | / | NO |
|---|-----|---|----|
| *Self-care includes putting on and taking off a coat, using the bathroom alone, opening a school bag/lunch box or drink |     |   |    |
| unassisted.   |     |   |    |
| Does your child currently use toilet unassisted and do they have the necessary skills                                   | YES | / | NO |
| needed to independently care for themself?  |     |   |    |
| Is your child generally well behaved with the ability to accept correction?   | YES | / | NO |
| Does your child have good listening skills?   | YES | / | NO |
| Did your child progress through pre-school, without concerns being raised by staff?                                     | YES | / | NO |
| Which pre-school did you child attend?  |     |   |    |

Please let us know of any concerns you may have in relation to your child's learning. We use information given to help your child best progress through their learning programme. In some cases, your child may be entitled to extra support from the Department of Education and Skills based on Speech & Language or Psychological Reports.

| Has your child been assessed by a psychologist?                                | YES | / | NO |
|--|-----|---|----|
| Have you made an application to have your child assessed by a psychologist?    | YES | / | NO |
| Does your child have any sensory issues? Or do you have any concerns regarding | YES | / | NO |
| this?  |     |   |    |
| Does your child have any specific special or physical requirements, which may  | YES | / | NO |
| impact on his school day?  |     |   |    |

Further Details (if answered yes to any of the above questions):

From time to time we celebrate the many different cultural traditions in our school. If you would like to share your cultural background with us please write it below.

# **Department of Education & Skills Questionnaire**

The Department of Education & Skills (DES) has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database (POD). Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the DES. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

# Please give details of your child's former school – please tick one

| Childcare                       |  |
|---------------------------------|--|
| Montessori                      |  |
| Home Environment                |  |
| From abroad                     |  |
| Another school within the state |  |

| Is English the main language spoken at home? | YES | NO |
|--|-----|----|

# To which ethnic or cultural background group does your child belong? Please tick one

\*Categories are taken from the Census of Population

| White Irish           | Irish Traveller            |
|-----------------------|----------------------------|
| Roma                  | Any other white background |
| Black African         | Any other black background |
| Chinese               | Any other Asian background |
| Other including mixed | No Consent                 |
| background            |                            |

# What is your child's religion? Please tick one

Categories are taken from the Census of Population

| Roman Catholic      | Church of Ireland        |
|---------------------|--------------------------|
| Methodist, Wesleyan | Jewish                   |
| Hindu               | Apostolic or Pentecostal |
| Other religion      | No Religion              |
| Lutheran            | Muslim (Islamic)         |
| Muslim (Islamic)    | Agnostic                 |
| No Consent          |                          |

| I consent for this information to be s | tored on the Primary Online  | Database (POD) and transfe     | erred to the Department of         |
|--|------------------------------|--------------------------------|------------------------------------|
| Education and Skills and any other p   | orimary schools my child may | y transfer to during the cours | se of their time in primary school |

| Signed: | <br>(Parent/Guardian) | Date: |
|---------|-----------------------|-------|
|         |                       |       |

### **DECLARATION:**

- I wish to apply for a place for my child at St. Kevin's GNS.
- I understand that placement is subject to availability and that I will receive written confirmation if this application is successful.
- I understand that there is an enrolment policy which the school will use when considering this application.
- I have been provided with a copy of the school's enrolment policy.
- I understand that the full details of my child, including details of their religion and racial background will be stored on the schools computer system and passed to the Department of Education and Skills (DES)
- I confirm that the information provided is correct.

Baptismal cert received:

Sibling details checked:

Proof of address:

• I understand that I must provide the following information in order for my application to be fully considered. Birth Certificate / Baptismal Certificate (if applicable) / Proof of Address.

| Signed: | (Parent Guardian)   | <b>Date:</b> |   |      |
|---------|---|--------------|---|------|
| Signed: | (Parent Guardian)   | Date:        |   |      |
|         | ation form is being signed by one parent of the parent/legal guardian of the child I ma | -            |   | :    |
| •       | of his parents are aware of and consent to  |              | · | GNS. |
| Signed: | (Parent Guardian)   | <b>Date:</b> |   |      |
|         | For office use only   |              |   |      |
|         | Date application received://_  Birth cert received: Original returned:                  |              |   |      |

Original returned:

PPS number: