

# Garrafrauns National School,

Garrafrauns, Dunmore, Co. Galway

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Website: [www.garrafraunsns.com](http://www.garrafraunsns.com)

## ENROLMENT FORM

Note: All forms must be completed in full and returned to the school, along with a Birth Certificate

**IMPORTANT:** The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD), which involves schools maintaining and returning data on pupils to the Dept. at individual pupil level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting. The database will hold data on all primary school pupils. The database will also contain, **on an optional basis**, information on the pupil's religion and on their ethnic or cultural background. The data required for POD is marked with an **asterisk\*** and will only be uploaded to POD **if your child is enrolled**. All other data we need for the efficient running of the school.

\* Name of Child (in full, as on Birth Certificate) \_\_\_\_\_

\*P.P.S.Number: \_\_\_\_\_

\*Address at which child resides: \_\_\_\_\_

Proof of address is required.

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If not born in Ireland, date on which child arrived in Ireland: \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

\*Child's Ethnicity: White Irish \_\_\_ Irish Traveller \_\_\_ Roma \_\_\_ Black African \_\_\_

Any Other White Background \_\_\_ Chinese \_\_\_ Any other Asian Background \_\_\_

Other (inc. mixed background \_\_\_ (optional: requested by Dept of Education POD)

Do you consent to the uploading of data relating to ethnicity and religion to POD?

YES \_\_\_ No \_\_\_

**If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Father's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Is the child living with both parents \_\_\_\_\_

Relevant Further Family Information:

\_\_\_\_\_

Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) \_\_\_\_\_ Number of children in the family: \_\_\_\_\_

Religious Denomination (if any): \_\_\_\_\_

If your child was baptised please state where it took place: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Did you child attend preschool: \_\_\_\_\_ For how long \_\_\_\_\_

Where?

\_\_\_\_\_

At what age did your child begin to speak:

\_\_\_\_\_

Does he/she speak well? \_\_\_\_\_

Has your child ever had a psychological assessment? \_\_\_\_\_

Has your child ever received a speech and language report? \_\_\_\_\_

Please let us know if you have any concerns about your child's development.

Name of brother/sister in this school (if applicable): \_\_\_\_\_

Class:

\_\_\_\_\_

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

**Person who usually collects child(ren)**

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

**Other relevant information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if my child is absent I must provide the school with a written explanation of the absence. I also understand that if I collect my child early I must sign the Early Collection Book in the school office.

**Parent's/Guardian's signature:** \_\_\_\_\_

**School Emergencies/Sickness/Unexpected Closures, etc.**

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

**If my child gets sick, or the school has to close unexpectedly, etc** and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

**Person the school will contact:**

1 \_\_\_\_\_ 2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel/mobile: \_\_\_\_\_ Tel/mobile: \_\_\_\_\_

**Family Doctor (Only if you wish)**

Doctor's Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

Does your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that I have received, read and accepted the Enrolment policy, Code of Behaviour, Anti-Bullying Policy and Child Safety Statement of Garrafrauns National School. Having discussed and explained same with my child I agree to abide by same. I will adhere to all policies of Garrafrauns National School and understand that I may view and receive a copy of all school policies from the school office at any time.

**Parent's/Guardian's Signature:** \_\_\_\_\_

Garrafrauns N.S.

Parental Permission Form

We ask your permission for your child to participate in certain activities. In order to cut down on unnecessary paperwork and to simplify record-keeping, we have decided to include as many permissions as possible on one sheet. Please read carefully each of the items below and tick the relevant box. If you have any concerns regarding any of the items below please feel free to speak to us.

<b>I hereby give permission for my child in relation to the following:</b>	<b>Yes</b>	<b>No</b>
As part of the school curriculum, pupils may be taken on school tours, local educational visits/field trips and participate in activities such as, matches, quizzes, choir etc. I understand that I will be informed by email of any upcoming events my child will be involved in. Should I wish to withdraw consent to participate in any of these events I can do so by contacting the school.		
We may use your child's name /photo in relation to publicising school events and activities in our school newsletter, website and similar publications. Names will not be linked to photographs as per Data Protection Policy.		
Your child's photograph and/or name may be displayed on the school noticeboards in relation to their school work and activities. Names will not be linked to photographs as per Data Protection Policy.		
Most classes have a support teacher assigned to help children in the class. This extra support may take place in the classroom or in the support teacher's room. If your child is experiencing learning difficulties, you will be informed personally by the teacher. Do you wish your child to avail of this extra support if he/she needs it?		
The school teaches 'Stay Safe' lessons about personal safety. This is a mandatory programme in schools, mandated by the Dept. Of Education and Skills. RSE (Relationships and Sexuality Education) is taught to all classes and also involves an outside speaker for senior classes. You will be informed in advance of the commencement of Stay Safe lessons and can find further information on the Stay Safe Programme on <a href="http://www.pdst.ie/staysafe">www.pdst.ie/staysafe</a> .		
On occasion we administer Diagnostic, Screening and Standardised tests (e.g. Neale Analysis, MIST, NRIT, Drumcondra Reading and Maths) to assess the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you give the school permission, as and when it sees necessary, to administer standardised, screening and diagnostic tests to your child?		

Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident?		
Do you give the school permission to pass on details of your child's name, address and date of birth to the HSE in order to facilitate immunisations/sight/hearing tests? You will always be informed in advance when these are taking place.		

Name of Child \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Garrafrauns NS Medical Condition / Allergy Form (Private & Confidential)**

**It is the responsibility of parent(s)/guardian(s) to notify the school of any medical conditions and/or allergies.**

<b>Does your child have any medical conditions or allergies (please circle)</b>	<b>YES</b>	<b>NO</b>
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**A. PERSONAL DETAILS**

<b>Child's Name</b>	
<b>Date of Birth</b>	
<b>Emergency Contact Numbers</b>	1. 2. 3.
<b>Family Doctor's Contact Details</b>	
<b>Hospital attending (if applicable)</b>	

**B. MEDICAL HISTORY**

Please detail your child's current medical history, within the past five years. Please give as much detail as possible.

<b>Condition / Timeline</b>

**Will your child need medication in school?** (please circle)

Yes / No

**C. Describe symptoms of the condition which may present at school (may not be problematic)**

**D. Describe symptoms of the condition which may necessitate action being taken**

**E. What action should school authorities / teacher take in case of the above symptoms occurring during the school day?**

**Parental/guardian Consent**

In order to ensure the care and safeguarding of any children with medical needs/allergies, all school staff will be made aware of your child's medical condition/allergy in the case of a medical emergency. All staff are bound by confidentiality where all student data is concerned.

Please sign below in order to give consent to sharing your child's medical condition/allergy with staff members.

**Signature of Parent / Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I wish to enrol my child \_\_\_\_\_

I declare the above information to be correct and understand that it will be treated as strictly confidential.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised) with this form. These documents will be photocopied and returned to you.**

**Principal's Signature:**

\_\_\_\_\_  
**Claire Fitzsimons**

**Date:** \_\_\_\_\_

Birth Certificate received: Yes  No

Baptismal Certificate received: Yes  No  Not applicable