

ST. KILIAN'S SENIOR SCHOOL

Kingswood Heights, Dublin 24, D24 F797

Roll No. 19893A

Date Received (Office use only): _____

SCHOOL ENROLMENT FORM

Please read the enrolment policy attached before completing this form:

I wish to apply for a place in: <i>(Please tick one)</i>		3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> ASD <input type="checkbox"/> Class			
Name of Child <i>(in full, as on Birth Certificate)</i> :					
Address at which child resides:					
PPSN Number:		Date of Birth:			
Gender:		Religion:			
Nationality:		Country of Birth:			
Parent/Guardian 1 Details:		Parent/Guardian 2 Details:			
Name:		Name:			
Relationship to child:		Relationship to child:			
Mobile No:		Mobile No:			
Other No:		Other No:			
E-mail Address:		E-mail Address:			
OTHER DETAILS					
Is the child living with both parents? Y <input type="checkbox"/> N <input type="checkbox"/>					
No of Children in Family?:					
Position of child in Family (1 st , 2 nd , 3 rd etc):					
Name of previous school:					
Roll Number of previous school:					
Name of brother/sister in St. Kilian's JNS or SNS, if applicable:					
EDUCATIONAL NEEDS:					
Has your child ever had an educational psychological assessment?	Yes <input type="checkbox"/> or No <input type="checkbox"/> <i>(If yes, copies of the reports/assessment must be attached)</i>				
Has your child ever attended for speech/language or Occupational assessment/therapy?	Yes <input type="checkbox"/> or No <input type="checkbox"/> <i>(If yes, copies of the reports/assessment must be attached)</i>				
Has your child ever received Learning Support?	Yes <input type="checkbox"/> or No <input type="checkbox"/>				
Has your child been granted extra resources from NCSE?	Yes <input type="checkbox"/> or No <input type="checkbox"/>				
Does your child have an exemption from Irish?	Yes <input type="checkbox"/> or No <input type="checkbox"/> <i>(If yes, certificate must be attached)</i>				
Any other information relevant to your child in relation to educational needs?					

School Emergencies / Unexpected Closures etc, 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.

CONTACT PERSON 1 Name: _____ Relationship: _____ Tel No: _____	CONTACT PERSON 1 Name: _____ Relationship: _____ Tel No: _____
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HEALTH:

Does your child have any specific medical condition/ allergies (e.g. asthma, eyesight, hearing, anaphylaxis etc) or emotional problems which may affect your child at school? Yes No
If yes please state:

Is there any other medical information about your child which we should know?

In order to reduce the need for repeated requests for parental permission, please read and sign numbers 1 to 5 below:

1: Standardised Assessment Tests are carried out in the school on all children from 3 rd to 6 th class. I allow my child to do these tests.	Signature: _____
2: During your child's time in St. Kilian's S.N.S., 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 educational development. I give my permission for any necessary diagnostic tests to be carried out with my child.	Signature: _____
3: I give my permission to allow my child to attend the Learning Support/Resource Teacher, if deemed necessary.	Signature: _____
4: I give my permission to allow my child's photograph/image to be included in school-related activities, competitions, website, etc.	Signature: _____
5: I give my permission to allow my family details (name, address, date of birth, etc.) to be given to HSE/DES (school nurse, doctor, dentist), etc.	Signature: _____

I declare the above information to be complete, correct and understand that it will be treated according to Data Protection Acts 1998/2003

Signature: _____	Date: _____
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CHECKLIST: (Please ensure you include all relevant documentation)

Birth Certificate:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Baptismal Certificate:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Proof of Address:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exemption from Irish Cert:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional Assessment Reports:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please list reports</i> _____

Principal's Signature: _____	Date: _____
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If you have any queries in relation to this application form, please contact the school.