

ST. KILIAN'S SENIOR SCHOOL

Kingswood Heights, Dublin 24, D24 F797

Roll No. 19893A

SCHOOL ENROLMENT FORM 2024/2025

PLEASE COMPLETE ENTIRE FORM IN BLOCK CAPITALS

Please read the enrolment policy before completing this form: (available online www.st-kilians.com)

Date received: _____ (office use only)							
I wish to apply for a place in: (Please tick one)		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
PERSONAL DETAILS							
Name of Child (in full, as on Birth Certificate):							
Child known as:							
Address at which child resides: (2 utility/bank statements as proof of address is required for school records)							
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 Number:				Mobile Number:			
Other Number:				Other Number:			
E-mail: (essential for school communication)				E-mail:			

OTHER DETAILS

Is the child living with both parents? Y N

Number of Children in Family:

Position of child in Family (1st, 2nd, 3rd etc):

Name of previous school:

Roll Number of previous school if other than St. Kilian's JNS:

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.

PLEASE ENSURE ALL RELEVANT CONTACTS ARE CURRENT.

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 15 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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3: I give my permission to allow my child to attend the Learning Support/Resource Teacher, if deemed necessary.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4: I give my permission to allow my child's photograph/image to be included in school-related activities, competitions, website, etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6: I give my permission to allow my child's previous school to release relevant school reports, psychological reports, medical reports, speech & language reports and all other relevant professional reports to St. Kilian's SNS.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7: I agree to adhere to St. Kilian's SNS Healthy eating policy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8: I agree to St. Kilian's SNS acceptable usage policy (AUP) for internet use.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9: I agree that my child will adhere to the St. Kilian's SNS Code of Conduct.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10: I agree my child will adhere to the St. Kilian's SNS Mobile phone policy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11: The ethos of the school is Catholic. I consent for my child to participate in a Religious Education class.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12: I agree to the school taking my child directly to hospital in the case of serious illness/injury/emergency.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13: I agree to my child participating and travelling by both public and private transport to events, extra-curricular activities and school tours during their time in St. Kilian's SNS (3 rd -6 th class.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14: Does any legal order exist under family law in relation to this child? If yes, a copy of the court order is required for the school.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15: In the event of a whole school Church celebration, I agree to my child attending the Church.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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"/>
2 x 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"/> , Please ensure all reports are attached

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

****Religion is not a condition of enrolment.***

*****All policies are available to download/view in full on the school website, www.st-kilians.com***

******All information will be held in accordance to our schools GDPR policy.***