ST. KILIAN'S SENIOR SCHOOL

Kingswood Heights, Dublin 24, D24 F797
Roll No. 19893A

SCHOOL ENROLMENT FORM 2027/2028

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)*		**3rd ☐ 4th ☐ 5th ☐ 6th ☐ ASD ☐ Class**	
PERSONAL DETAILS			
Name of Child *(in full, as on Birth Certificate):*			
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 ☐ or No ☐** *(If yes, copies of the reports/assessment must be attached)*
Has your child ever attended for speech/language or Occupational assessment/ therapy?	**Yes ☐ or No ☐** *(If yes, copies of the reports/assessment must be attached)*
Has your child ever received Learning Support?	**Yes ☐ or No ☐**
Has your child been granted extra resources from NCSE?	**Yes ☐ or No ☐**
Does your child have an exemption from Irish?	**Yes ☐ or No ☐** *(If yes, certificate must be attached)*
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: _____**

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 3rd to 6th class. I allow my child to do these tests.	**YES ☐ NO ☐**
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 ☐ NO ☐**
3: I give my permission to allow my child to attend the Learning Support/Resource Teacher, if deemed necessary.	**YES ☐ NO ☐**
4: I give my permission to allow my child's photograph/image to be included in school-related activities, competitions, website, etc.	**YES ☐ NO ☐**
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 ☐ NO ☐**
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 ☐ NO ☐**
7: I agree to adhere to St. Kilian's SNS Healthy eating policy.	**YES ☐ NO ☐**
8: I agree to St. Kilian's SNS acceptable usage policy (AUP) for internet use.	**YES ☐ NO ☐**
9: I agree that my child will adhere to the St. Kilian's SNS Code of Conduct.	**YES ☐ NO ☐**
10: I agree my child will adhere to the St. Kilian's SNS Mobile phone policy.	**YES ☐ NO ☐**
11: The ethos of the school is Catholic. I consent for my child to participate in a Religious Education class.	**YES ☐ NO ☐**
12: I agree to the school taking my child directly to hospital in the case of serious illness/injury/emergency.	**YES ☐ NO ☐**
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 (3rd-6th class.)	**YES ☐ NO ☐**
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 ☐ NO ☐**
15: In the event of a whole school Church celebration, I agree to my child attending the Church.	**YES ☐ NO ☐**
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: _____**
CHECKLIST: ***(Please ensure you include all relevant documentation)***	
Birth Certificate:	**Yes ☐ No ☐**
2 x Proof of Address:	**Yes ☐ No ☐**
Exemption from Irish Cert:	**Yes ☐ No ☐**
Professional Assessment Reports:	**Yes ☐ No ☐,** Please ensure all reports are attached
Principal's Signature: _____	**Date: _____**

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.***