

School blog

www.rathnurensblog.scoilnet.ie/blog/

School e-mail

info@rathnurens.ie

School Phone Number

053 9255161

School Roll Number

17707N

Scoil Náisiúnta

Rath an Iubhair

Twitter @rathnureNS

School website

www.rathnurens.ie

School Enrolment Form for Pupils 2019/2020

**Private & Confidential**

Surname: Child’s PPSN:

First Name(s) Name(s) of Siblings attending this school:

Address:

 Phone Number Home:

Eircode: Phone Work Number:

Date of Birth: Mothers Mobile:

Male / Female: Fathers Mobile:

Nationality: Other Contact:

Year of Entry: Emergency Number:

Father/Guardian:

Occupation: Name and Address of Previous Crèche / Playschool / Montessori

Email:

Mother Guardian:

Mother’s Maiden Name:

 Medical History/Conditions/Learning Disabilities:

Occupation:

Email:

Status of Parents relationship:

Nationality of Parents:

First Language of Parents:

Does your child have any problems with Hearing?

Current Parish: Eyesight?

Was the child Baptised: Yes No

If so, date of Baptism: Doctors Name:

Parish of Baptism: Address:

Religion: Tel no:

 **PTO->**

 Person(s) (other than parents) authorised to collect child from school:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Will your child be travelling on school Bus: Yes No

In the event of an emergency I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) **authorise** the school to seek medical assistance for my child. This may involve the school organising transport for my child to a doctor/hospital.

**Policies**:

I allow \_\_\_\_/do not allow \_\_\_\_ my child to be photographed/Video in school for Education purposes and school displays only and to have their photograph placed on the school website/twitter and local newspapers.

I agree with the School’s Healthy Eating policy.

I understand that Rathnure NS implements and teaches the ‘RSE (Relationship & Sexuality Education)’ and ‘Stay Safe’ programme as per Dept. Education & Skills directive and in accordance with SPHE (Social Personal Health Education) as part of the 1999 Revised Primary Curriculum. I agree to my child/ren participating in these programmes

I give permission for staff to clean my child’s wound and apply plasters in the event of a minor accident.

I give permission for staff to use water gel on my child in the event of a burn or scald.

I have read, understand and support the following school policies: Code of Behaviour, Anti-Bullying, Acceptable Use, Child Safeguarding and Healthy Eating.

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

 (Parent/Guardian) (Parent /Guardian)

Child Protection

Parents/Guardians must be aware that it is incumbent on the school to inform HSE authority in the event of a disclosure of any form of child abuse. This is a legal requirement under the Child Protection Procedures.

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Any other relevant information:

Original Birth/Adoption Certificate should accompany this form (copy shall be taken and original returned to you).

Baptismal Cert if baptised outside parish.

Where legal documents outline family status/custody arrangements, details **must** be provided. Any future legal changes to name or guardianship of the child should be communicated **in writing** to the school.

**Closing date for applications Friday 15th February**

Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_/20 \_\_\_\_