

Scoil Náisiúnta Naomh Maelruan Soisear
Application Form for Enrolment Junior Infants 2021

Child's Name _____ Date of Birth _____
Address _____ PPS No. _____
Religion _____ Home Phone No. _____ Parish _____

Child's Nationality _____ If not Irish, Year of arrival in Ireland _____
Father's Nationality _____ Mother's Nationality _____
Language spoken in the home _____
Name of Playschool Attended _____ Time of Day Attended ____am/____pm

Have you registered your child in any other school(s)? Yes ☐ No ☐

If Yes, name of school(s) _____

Do you intend to register your child in any other school(s)? Yes ☐ No ☐

Names of brothers/sisters presently attending this school or Senior School:

Names of brothers/sisters who are past pupils of Senior School

Parent past pupil of this school or Senior School Father Yes ☐ No ☐

Mother Yes ☐ No ☐

☐

Family Details

Mother/Guardian's Name _____	Father/Guardians Name _____
Address _____	Address _____
Email _____	Email _____
Mobile Phone No. _____	Mobile Phone No. _____
Occupation _____	Occupation _____
Place of Work _____	Place of Work _____
Work Phone No. _____	Work Phone No. _____

Emergency Contact Name _____ Phone No. _____

Relationship to Child _____

Medical Information

Name of G.P. _____ Phone No. _____

Address _____

Have you any concerns about your child's hearing/speech/vision? Yes ☐ No ☐

If Yes, please specify _____

Has your child been diagnosed with a specific illness? Yes ☐ No ☐

If Yes, please specify _____

Has your child ever been referred to an agency providing Psychological/Psychiatric Services e.g. Child Guidance Clinic/Speech Therapy etc.? Yes ☐ No ☐

If Yes, please specify _____

Do you have any professional reports for your child? Yes ☐ No ☐

If Yes, please forward copies to the school.

Consents

Do you give permission for your child to be taught the
Grow in Love Religious Education Programme?

Yes ☐ No ☐

If No, do you give permission for your child to be brought to the
Church during the year?

Yes ☐ No ☐

☐

In the event of an emergency, if the school is unable to contact you,
do you give permission for your child to be taken to a doctor/hospital? Yes ☐ No ☐

Do you give permission for your child to be included in photographs
of school activities?

Yes ☐ No ☐

Do you give permission for these photographs to be displayed on the
school website from time to time?

Yes ☐ No ☐

Do you give permission to your child to participate in supervised
out of school activities?

Yes ☐ No ☐

Liaison with other schools, agencies, special education teachers

I/We give consent to Scoil Maelruain Junior to discuss my/our child with his/her
playschool/agencies.

I/We give consent to playschool/agencies to forward copies of any professional reports and
school reports to Scoil Maelruain Junior.

I/We give our consent to Scoil Maelruain Junior to discuss my/our child with the National
Council for Special Education (NCSE) and to submit copies of professional reports in the
application for support services.

Special Educational Support

Your child will be assessed formally and informally each year by your child's teacher. Your child
may be referred by the class teacher to a Special Education Teacher for additional
assessments.

If required, I/We give consent to a Special Education Teacher to assess my/our child.

If required, I/We give consent to my child to attend Learning Support/Language Support and/
or social groups.

Signature of Parent/Guardian _____

Date _____

OFFICE USE ONLY

Staff Member's Signature _____

Child Profile Form

Child's Name _____

1. Number of children in your family and their ages:
2. With whom is your child living? Please tick

Both parentsOne parentGrandparents
3. Who are the legal guardians of your child?
4. How would you describe your child's personality?
5. Does your child show any behaviour challenges?
6. How well does your child separate from you?
7. Are there any issues you think the school may need to know?
8. Has there been any major trauma in your child's life?
9. What are your child's interests?
10. What do you consider as the most important thing the school should help your child achieve?

Consent form for sensitive personal data to be stored on the Primary Online Database (POD) and shared with the Department of Education and Skills

Please note that the reference to 'you' in this consent form means a parent or a guardian of a pupil.

Name of Parent/Guardian _____

Name of Student _____

1. What is your child's religion _____

2. The following ethnic of cultural background groups are listed on the Primary Online Database (POD) form. Please tick the appropriate ethnic group that applies to your child.

- White Irish
- Irish Traveller
- Any Other White Background
- Black or Black Irish – African
- Black or Black Irish – Any other black background
- Asian or Asian Irish – Chinese
- Asian or Asian Irish – Any other Asian background
- Other, including mixed race backgrounds

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed _____ Parent/Guardian Date _____

This form will be retained by the school and will be made available for inspection by authorised officers of the Department or from the Office of the Data Protection Commissioner.