



SS. Michael & Peter Junior School

Hickey's Hill, Arklow, Co. Wicklow

Phone: 0402 39861 Email: office@ssmichaelandpeter.ie

Web: www.ssmichaelandpeter.ie

Principal: Ms. Lisa Dempsey Deputy Principal: Mrs Patricia Stokes Roll No.: 20470C

ENROLMENT FORM

*Child's Name: _____ (As on Birth Certificate)

Christian name by which you wish your child to be called in school _____

*Date of Birth _____ *P.P.S. Number: _____

*Mother's Maiden Name: _____ *Gender: Male Female

*Full Postal Address: _____

*Nationality _____ *Country of Birth _____

If not born in Ireland, date on which child arrived in Ireland _____

* Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes No

*The above information marked with an * is required by the Department of Education and Skills for their Primary Online Database (POD).*

The following two items of information are requested by the Department of Education and Skills but requires your approval to be shared with them. This is in line with consultation sought by the Department from the Data Protection Commissioner.

1) To which ethnic or cultural background group does your child belong (please tick one): Categories are taken from the Census of Population.

White Irish Irish Traveller Roma Any other White Background Black African Any other Black Background Chinese Any other Asian Background Other (inc. mixed background) No Consent

2) Religion: _____ Church where baptised (if applicable) _____

Education History/ Information:

Did your child attend playschool and/or crèche? _____

Name of Playschool: _____ Dates: _____

Name of Crèche: _____ Dates: _____

Name of previous school (if any): _____

Class in previous school: _____

Full postal address of previous school: _____

Telephone Number: _____ Name of Principal: _____

Detailed reasons for transferring:

(This information is essential for us to contact previous school re: Reports Discipline Attendance etc.)

I give permission to discuss the needs of my child with the Manager/School Principal of the pre-school/school listed above.

Consent Signed _____ **Date** _____

Family Information

Place in Family: _____

Siblings Attending School: _____

Mother's Name:	Father's Name:
Occupation:	Occupation:
Nationality:	Nationality:
Mobile No:	Mobile No:
Alternative Contact No:	Alternative Contact No:
Email:	Email:

With whom does the child normally reside:

Name: _____ Phone: _____

Telephone Number to be used for Text – a – Parent _____

Alternative Contact Numbers (not your own number)

Please let us know if this person is a relation, minder, friend of family etc.

1) Emergency/Collection Contact :

- Name: _____
- Relationship to child: _____
- Phone Number (s): _____

2) Emergency/Collection Contact :

- Name: _____
- Relationship to child: _____
- Phone Number (s): _____

3) Emergency/Collection Contact :

- Name: _____
- Relationship to child: _____
- Phone Number (s): _____

4) Emergency/Collection Contact :

- Name: _____
- Relationship to child: _____
- Phone Number (s): _____

Should any of these change while your child is attending this school please inform us immediately.

Medical History

Family Doctor: _____

Address: _____

Telephone Number: _____

Please tick the appropriate boxes if your child has problems with any of the named medical conditions:-

Hearing Sight Speech Asthma

Diabetes Epilepsy Heart Condition Mobility

Has your child any allergies? Yes No

If Yes please give details: _____

Any other conditions not mentioned above: _____

If your child has special needs please detail below: _____

Does/Did your child attend speech and language therapy? If so please give brief details of same below:

Name of Clinic and Speech Therapist with whom we will be in contact with:

Parent/Guardian Consent Signed _____ **Date** _____

Has your child ever attended/recommended to attend a psychologist?

If so (a) By Whom _____

(b) Psychologist's name and address so we may contact them:

Parents/Guardian Consent Signed: _____ **Date** _____

(c) Please furnish a copy of report to the Principal.

PARENTAL PERMISSION SECTION

Medical Emergency /Accident

Do you give permission to administer basic first aid if your child has an accident at school/games/school tour?
In the event of an accident, minor cuts and grazes will be cleaned with cold water and cotton wool. If an
accident is of a more serious nature, the school will contact a parent/guardian. Yes No

Do you give permission to staff members to apply a plaster to cuts. Yes No

Do you give permission for a staff member to take your child to hospital in case of a serious accident/illness?
Yes No

Are you a Medical Card Holder? Yes No

The HSE asks us to supply information on pupils for dental treatment, eye tests, hearing tests etc. Do you
agree to this? Yes No

Educational/Diagnostic Tests

During your child's time in SS Michael and Peter, 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 permission for any diagnostic tests to be carried out with my child. Yes No

I give my permission to allow my child to attend additional support classes if deemed necessary. Yes No

Protection Order/Safety Order/Barring Order

Is there a Protection Order in place in connection with your child? Yes No

Is there a Safety Order in place in connection with your child? Yes No

Is there a Barring Order in place in connection with your child? Yes No

If there is a Protection/Safety/Barring Order in place in connection with your child a copy must be furnished to the Principal before the child starts school. If a Protection/Safety Order or/and Barring Order is put in place during your child's attendance at this school a copy must be furnished immediately to the Principal. The school should be made aware of the name of any person whose custody the child should not be given. Photo id should also be provided.

School Photographs/Recordings

Do you give permission for your child to be included in School DVD/Recordings – e.g. First Communion, Plays etc.? Yes No

Do you give permission for your child to be included in school photographs; some of which may be posted on the school website/ social media/news publications. Yes No

Please Note: The Board of Management/Staff cannot be held responsible for pictures/videos taken by parents at school events.

Policies

I have read and I am in agreement with the Code of Behaviour of SS. Michael and Peter Junior School. Yes No

I agree to abide by and cooperate with the school's policy on the school uniform. Yes No

I agree to abide by the Healthy Eating Policy. Yes No

I agree to abide by the Nut Product/Sesame Product ban. Yes No

School Ethos

I agree to cooperate with the staff and support the ethos of the school. Yes No

Stay Safe Programme/RSE Programme

I give permission for my child to take part in Stay Safe/RSE programmes. Yes No

School Tours/Field Trips

I give permission for my child to participate in all School Tours (details of which will be notified to you) and short local trips. (church/library/nature walks etc.) Yes No

Please tick to indicate that you understand:

Contact Details

I agree to contact the school immediately if I change my address or telephone details as these are essential for contact with parents and the text a parent scheme.

Absences

I understand that the school must report to Túsła if a child is absent from school for 20 days or more and that if a child is absent for a prolonged period but less than 20 days without explanation and the parents cannot be contacted the school will inform the relevant authorities.

Child Protection Welfare

I understand that should the school have reasonable cause for concern regarding my child's well being/safety or if my child discloses any form of abuse the school is bound to inform the HSE. Neglect of children may take many forms and they include: being constantly late for school, no suitable lunch/under nourishment, dirty and unwashed, constantly tired in school/sleeping in class, no books/pencils etc. no show of parents at parent/teacher meetings, homework continuously not done.

Any other useful information you would like the school to have regarding your child:

I wish to enrol my child _____

I declare that the above information to be correct and understand that it will be treated as confidential.

Signed: _____ **Date:** _____

Parent/Guardian Signature(s)

We thank you for taking the time to complete this enrolment form. Please do not hesitate to contact us should you have any queries regarding any of the above.

***Please ensure that you have included a copy of your child's Birth Certificate, Baptismal Certificate (if applicable) and a household utility bill for proof of address with this form.**

Signed: _____ **Date:** _____

Principal/Secretary

Birth Certificate received Yes No

Baptismal Certificate received Yes No *Not applicable*

Utility Bill for proof of address received: Yes No

