



Scoil San Eoin
Redcross
Co. Wicklow

Roll No: 14829M

ENROLMENT FORM

Contact Tel: 0404 41727

School website: www.scoilsaneoin.ie



schoolofficeredcross@gmail.com

All information is strictly confidential

NAME OF PUPIL:

**Please ensure all relevant information is completed fully before returning form to
Scoil San Eoin**

A: FAMILY DETAILS

1. Name of Pupil: _____

2. Address: _____

Eircode: _____

3. Date of Birth: _____ 4. PPS Number: _____

Please enclose a copy of his/her Birth Certificate

5. a) Name of Child's Legal Guardian(s): 1) _____ 2) _____

b) Mother's Maiden Name: _____

6. Occupation of: a) Mother: _____ b) Father: _____

7. Has a Court issued a Declaration or Order regarding custody of this child? _____

8. Does any legal order, under Family Law, exist about which the school should know? _____

(Under Education Welfare Act the school should be provided with a certified copy of relevant section/s of Court Orders/Separation Agreements/letters of clarification from solicitor which affect the child's welfare & the name of any person into whose custody the child should not be given)

9. Country of Birth: _____

10. a) If enrolling for Junior Infants, please provide name of pre-school/Montessori:

b) If enrolling for Senior Infants to 6th Class, please provide name & address of previous school (s) _____

11. Child's place in family: _____

12. Names of brothers and sisters: _____

13: Does he/she have any siblings in the school? _____

B. CONTACT DETAILS

1. Please provide a minimum of two contact numbers:

Name: _____ Email: _____

Mob: _____ Work: _____

Name: _____ Email: _____

Mob: _____ Work: _____

Please note that all information e.g. closures, school activities etc. is communicated through the school website: www.scoilsaneoin.ie

2. 'Text a Parent' mobile number:

Name: _____ No: _____

3. In the case of emergency please provide a name & no in addition to above:

Name: _____ Mob: _____ Relationship to Child: _____

Name: _____ Mob: _____ Relationship to Child: _____

4. Please provide details of any person authorised to collect your child from school:

Name: _____ Mob: _____ Relationship to child: _____

Name: _____ Mob: _____ Relationship to child: _____

If there are any changes to the above information, or if you have any specific contact requirements, please notify the office immediately.

C. RELIGION

1. In what religion is your child being raised? _____

2. Where was he/she baptised? (If applicable) _____

Please enclose a copy of his/her Baptismal Certificate (if applicable)

D. MEDICAL DETAILS

1. Has your child got any special medical needs/allergies etc? YES NO

If yes, please outline: _____

Please enclose any medical documentation (if applicable) e.g. persistent illness/health condition.

Please sign the attached Administration of Medicines form (if applicable)

2. Name, Address of your family doctor: _____

Phone number: _____

In the event of illness or injury, we will make every effort to contact you or your elected emergency contacts. Failing this, we ask permission to act on your behalf in the case of an emergency or accident, and take such action as may be necessary for the benefit of your son/daughter.

Signed: _____ Date: _____

E: EDUCATIONAL DETAILS

1. Does your son/daughter have any Special Education Needs?

YES: NO

If yes, please provide details:

ASSESSMENTS:

Has your child ever been assessed by or attended:

- | | | |
|-------------------------------|-----------|------------|
| 1. A Psychologist? | When_____ | Where_____ |
| 2. A Speech Therapist? | When_____ | Where_____ |
| 3. An Occupational Therapist? | When_____ | Where_____ |
| 4. A Psychiatrist? | When_____ | Where_____ |
| 5. An Audiologist? | When_____ | Where_____ |
| 6. An Ophthalmologist? | When_____ | Where_____ |

Please attach copies of all relevant reports which will be kept in a secure file in the office.

PARENTAL/GUARDIAN SIGNATURE REQUIRED:

- I/We agree to adhere to, and cooperate with, the rules and ethos of the school.
- I/We agree to notify the class teacher in writing of the reason for any of my child's absences from school.

Signed: _____

Date: _____

Signed: _____

Date: _____

**IF THE CHILD HAS TWO LEGAL GUARDIANS BOTH MUST SIGN HERE:
We agree with Scoil San Eoin's Code of Behaviour.
We will co-operate with the staff and support the ethos and policies of the school.**

**Signed:
(Legal Guardian)
Date:**

**Signed:
(Legal Guardian)
Date**

F: CHECKLIST

Please tick relevant boxes

- Birth Certificate and Baptismal Certificate (if applicable)
- Any relevant reports – medical/psychological/speech and language
- Signed Administration of Medicines Form (if applicable)
- Signed Photo Permission Slip
- Signed School Activities Permission Slip
- Completed Developmental Checklist
- Completed POD form
- Read and signed Code of Behaviour & Anti Bullying Policies
- **Read and signed all sections of the form.**

Please note:

Enrolment forms will only be accepted on receipt of **all** requested documentation as per checklist.

N.B:

If any of the above information changes throughout the child's time in the school, e.g. address/contact numbers/medical condition, PLEASE INFORM US AS SOON AS POSSIBLE.