



Maynooth Boys' National School Enrolment Form

Class Enrolling For: _____ **Commencement Date:** _____

Child's Details

First Name _____ Last Name _____ DOB _____

Name in Irish (If Known) _____ (BLOCK LETTERS)

Address _____

Eircode _____ (The address given must be the address at which the child normally resides)

Home Phone No. _____ PPSN No. _____

Nationality _____ If born outside of Ireland, state date of arrival _____

Religion _____ If Catholic, was your child baptised in Maynooth Y ☐ N ☐

Is English the spoken language in the home: Y ☐ N ☐

Parents/Guardians

Mother/Legal Guardian's First Name _____ Mobile No. _____

Mother/Legal Guardian's Last Name _____ Work No. _____

Mother's Maiden Name _____ (If changed after marriage)

Occupation _____ Nationality _____

Address _____

(If different from above)

E-Mail (print clearly) _____

Father/Legal Guardian's First Name _____ Mobile No. _____

Father/Legal Guardian's Last Name _____ Work No. _____

Occupation _____ Nationality _____

Address _____ (If different from above)

E-Mail (print clearly) _____

Text-a-Parent Mobile No. _____

(If not Mother's Mobile)

In the event that neither parent/guardian is contactable, either of the following can be contacted:

(Ideally this should be someone who lives in or nearby the Maynooth area)

Name _____ Address _____

Mobile No. _____ Home No. _____

Name _____ Address _____

Mobile No. _____ Home No. _____

With whom does the child normally live? Both Parents ☐ Mother ☐ Father ☐

Other? (Please specify)_____

Parents' Marital Status_____

(Married, Single, Separated, Widowed, etc.)

Details of any legal orders affecting the family_____

(Please provide school with a copy of any document that is relevant to school/education)

Child's Position in family:_____ out of _____ Children

Brothers currently in the school or previously in the school:

Name_____ Class_____

Name_____ Class_____

Name_____ Class_____

Medical Details

Doctor's Name_____ Telephone No._____

Is your child allergic to any medication that might normally be used to treat emergency illness/accident? Y ☐ N ☐

If your child requires medication during the school day, please read and familiarise yourself with the school's 'Administration of Medicines Policy' available on the school website, or a hard copy by request from the school office.

Will you be submitting a request to the school to administer medication to your son? Y ☐ N ☐

Does your child have a medical, physical or emotional disability? Y ☐ N ☐

(Please give details of any health problems or allergies that the school should be aware of)

Please give details of :

Hearing or sight defects_____

Speech or language difficulties_____

Medication Prescribed_____

Does your child have any special needs? Y ☐ N ☐

If yes, please give details_____

Does your child have any behavioural difficulties? Y ☐ N ☐

If yes, please give details_____

If your child has attended any of the following, please indicate accordingly.

Speech & Language Therapy Y/N ☐ Psychologist Y/N ☐ Counselling Y/N ☐

Social Worker Y/N ☐ Occupational Therapist Y/N ☐

Details of any other agency attended or assessment carried out _____

If there are written reports in relation to any of the above, a copy must be provided to the school.

If you have ticked YES to any of the above, please ensure that you speak to the Principal.

Other Information

In the interest of the pastoral care of your child, it would be helpful for us to be informed regarding educational difficulties, health, bereavement, domestic circumstances, etc. Please contact the principal or class teacher.

Consents

I consent that my son may receive any necessary medical care from a doctor, ambulance crew, hospital, etc., in the event of an accident or illness occurring, where the school is unable to contact parents/guardians. Y ☐ N ☐

I consent to my son's clothes being changed by school staff if they become soiled or wet. Y ☐ N ☐

I consent to my son going on supervised school outings, such as local walks, school visits, school trips, sports events, etc. Y ☐ N ☐

I consent to in-school educational screening and diagnostic tests for my son and follow up learning support, if the school deem it appropriate. Y ☐ N ☐

I, the undersigned,

- am aware that the school teaches the Stay Safe Programme and the Relationships and Sexuality Programme, both of which are part of the Department of Education & Skills Social and Personal Health Education curriculum
- am aware that the information on this form will be stored on the school's data management system and the Department of Education's Primary Online Database
- may be shared with the HSE (i.e. name and contact details for scheduling health screening such as hearing, vision, dental, etc.)
- have read the school's *Internet Acceptable Use Policy - Pupils'* and agree to its terms (available at www.maynoothbns.ie/school_office/policies/ict_acceptable_use.phtml or in hard copy from the office)

I have read and understood the above consents. I wish to enrol my child in Maynooth Boys' National School. I undertake to see that my child will attend school punctually and regularly. I have read and understood the school's information booklet which is available on the School Website (or in hard copy from the office) and I undertake that I and my child will comply with all school rules and policies.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

In the event of only one signature:

_____ 's other parent/guardian is fully aware of and in agreement with this enrolment application and is in agreement with the consents, terms and conditions as outlined.

Signature _____ Date _____

Please ensure that you have completed all sections of the application form and attach a copy of your son's Birth Certificate, Baptismal Certificate (if Catholic) and any professional/assessments/reports – see previous page. (A utility bill as proof of address may also be requested at a later date.)

Incomplete applications will not be considered. If information is omitted, it may invalidate an application.

Education

Pre-School Attended: _____ Address _____

From _____ To _____

Previous Primary School attended:

Name _____ Address _____

Roll Number _____ School Telephone No. _____

Principal's Name _____

From _____ To _____ Class(es) _____

Reason for leaving this school _____

Is/has your child been in receipt of any of the following services?

Learning Support Y ☐ N ☐

English Language Support Y ☐ N ☐ (If yes, for how long _____)

Resource Teaching Y ☐ N ☐ (If yes, for how long _____)

Special Needs Assistant Support Y ☐ N ☐

If you have answered Yes to any of the above, please give details of the support _____

Any other needs that the school should be aware of _____

Please attach copies of the two most recent school reports and any other relevant records from previous school(s).

Please ensure that this section has been stamped by his previous primary school and signed by the principal.

School Stamp



Principal's Signature: _____ Date: _____

The Department of Education & Skills has developed an electronic database for Primary Schools. This will give the Department access to information that will enable it to provide grants and resources to schools and to plan for future provision in specific areas. The DES require a small amount of information to fully register your child on the Primary Online Database (POD). Could you please complete the form below.

Pupil First Name _____ **Pupil Surname** _____

Address _____

Class _____

<i>Please tick just <u>one</u> box below</i>	↓
Ethnic or Cultural Background	
White Irish	
Irish Traveller	
Roma	
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 (inc. Mixed Background)	

I do not wish to share this information with the DES ☐

<i>Please tick just <u>one</u> box below</i>	↓
Pupil Origin (before this school)	
Childcare Setting - Pre-Primary Education/Early Start Programme	
Another Mainstream National Sch.	
Special School in Ireland	
Private Primary School (Ireland)	
School in Northern Ireland	
School abroad	
Home - Not in any school	
Other	

<i>Please tick just <u>one</u> box below</i>	↓
Religion	
Roman Catholic	
Church of Ireland (Anglican)	
Presbyterian	
Methodist, Wesleyan	
Jewish	
Muslim (Islamic)	
Orthodox (Greek, Coptic, Russian)	
Apostolic or Pentecostal	
Hindu	
Buddhist	
Jehovah's Witness	
Lutheran	
Atheist	
Baptist	
Agnostic	
Other Religions	
No Religion	

I do not wish to share this information with the DES ☐

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

Language spoken at home if not Irish or English

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

Parent/Guardian Signature: _____

Date: _____

Parents' Checklist for Enrolment

Fully Completed Application Form above ☐

Birth Certificate ☐ Baptismal Certificate (If R.C.) ☐

School Reports ☐ Other relevant reports ☐