St. Oliver Plunkett B.N.S. Moate, Co. Westmeath.

Phone No: (090)6481862 Email:stoliverplunkettbns@gmail.com

Roll No: 17167H Principal: Sinead White.



**APPLICATION FOR ENROLMENT**

**CHILD TO BE ENROLLED: Date of Enrolment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.P.S. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS:**

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mothers Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Siblings in the School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE NUMBERS**:

**Mother**: Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father:** Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile & Email for school contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF PERSON(S) WHOM SCHOOL MAY CONTACT IN ANY EMERGENCY WHEN NEITHER PARENT IS AVAILABLE.**

**---------------------------------------------------- PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**--------------------------------------------------- PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO YOU GIVE PERMISSION:**

**FOR YOUR CHILD TO BE TAKEN STAIGHT TO HOSPITAL IN CASE OF SERIOUS ILLNESS OR ACCIDENT** ­\_\_\_\_\_\_\_\_\_\_\_\_

1. **FOR YOUR CHILD’S PHOTO/WORK TO BE PRESENTED ON THE SCHOOL SCHOOL MEDIA? \_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **FOR YOUR CHILD TO ATTEND ALL SCHOOL OUTINGS (walks, tours, shows) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **FOR YOUR CHILD’S DETAILS TO BE SENT TO THE DEPARTMENT OF EDUCATION & SKILLS PRIMARY ONLINE DATABASE (POD) ------------------------**
4. **FOR RELEVANT INFORMATION TO BE SHARED WITH OTHER APPROPRIATE BODIES AND SCHOOLS eg. HSE, Dentist/Doctor, GAA, COMMUNITY GAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **FOR YOUR CHILD TO DO STANDARDISED OR DIAGNOSTIC TESTING IF DEEMED NECESSARY \_\_\_\_\_\_\_\_\_\_\_**
6. **FOR YOUR CHILD TO TAKE PART IN THE ‘STAY SAFE’, ‘WALK TALL’ AND R.S.E. PROGRAMMES \_\_\_\_\_\_\_\_\_\_**
7. **DOES ANY LEGAL ORDER UNDER FAMILY LAW EXIST THAT THE SCHOOL SHOULD KNOW ABOUT ? \_\_\_\_\_\_**

**MEDICAL**: **NAME OF FAMILY DOCTOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALERGIES THAT THE SCHOOL SHOULD KNOW ABOUT (e.g. ASTHMA, EPILEPSY, DIABETES ETC) Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Please give details, including what action should be taken in an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS SCHOOL**

**If this is not your child’s first school, please give the following information:**

**NAME & ADDRESS OF LAST SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ENROLMENT DATE IN LAST SCHOOL: \_\_\_\_\_\_\_\_\_\_ CURRENT CLASS: \_\_\_\_\_\_\_REASON FOR TRANSFERRING CHILD:

**HAS YOUR CHILD ANY SPECIAL EDUCATIONAL NEEDS (SIGHT, HEARING, SPEECH, LEARNING DIFFICULTIES, PHYSICAL DIFFICULTIES, OTHER) YES \_\_\_\_\_\_ NO \_\_\_\_\_\_**

**Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++**

**ANY OTHER INFORMATION THAT THE SCHOOL SHOULD BE AWARE OF (EG. Parental separation etc)**

**I/We UNDERSTAND THE ETHOS OF THE SCHOOL AND ACCEPT THE SCHOOL’S CODE OF BEHAVIOUR AND WE WILL COOPERATE AND SUPPORT THE BOARD OF MANAGEMENT AND STAFF IN THE SCHOOL IN UPHOLDING ITS ETHOS.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **PLEASE ATTACH CHILD’S BIRTH CERT. IT WILL BE PHOTOCOPIED AND RETURNED.**
* **PLEASE ATTACH BAPTISMAL CERT IF YOUR CHILD WILL BE RECEIVING SACRAMENTS. IT WILL BE PHOTOCOPIED AND RETURNED.**

**The details on this form remain in place while your child is in this school. Please inform us in writing of any changes of address, telephone etc.**

**The acceptance of an application merely confirms that it will be assessed under the criteria outlined in St. Oliver Plunkett’s Enrolment Policy, and does not confer any further status on that application. A full copy of the Enrolment Policy is available from the office.**