

Robertstown National School



Robertstown
Naas

Co. Kildare

Tel/Fax (045) 860021

Email: robertstownns@gmail.com

Website: www.robertstownns.ie

Office Use Only*: *Date Received: __/__/__ *Pupil Roll No.: _____

Robertstown National School has an Enrolment Policy, filling out this form does not guarantee placement

"Please fill out ALL sections on this form, including the P.P.S. No., as we cannot accept application without this"

Section A

Year Starting _____

| | |
|--------------------|---|
| Surname | |
| First Name | |
| PPS No | |
| Date Of Birth | |
| Address | |
| Nationality | |
| Religion | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Siblings in school | |
| Class/es | |

| | |
|----------------|--|
| Mothers Name | |
| Maiden Name | |
| Mobile No. | |
| Email Address | |
| Occupation | |
| Work No. | |
| Fathers Name | |
| Mobile No. | |
| Email Address | |
| Occupation | |
| Work No. | |
| Home Phone No. | |

Section B

Please fill out relevant, part A or B:

Part A

| | |
|---------------------|--|
| Pre-school Attended | |
| Address | |
| Phone No. | |

Part B

| | | | | |
|---|--------------------|--------------|------------------|-----------|
| Previous School Attended | | | | |
| Address | | | | |
| Phone No. | | | | |
| Has this child ever been expelled/suspended from another school | Yes | No | | |
| Has this child ever attended any of the following | Medical Specialist | Psychologist | Speech Therapist | Any Other |

Robertstown National School

Section C

| | | |
|--|-----|----|
| Doctors Name | | |
| Phone No. | | |
| Does your child suffer any medical condition? | Yes | No |
| If yes please specify medical condition: | | |
| Might this condition require administration of medication either on a regular or an emergency basis during school hours? | Yes | No |
| If yes please contact the B.O.M. of Robertstown National School before your child starts school in September so that procedures can be put in place to administer medication in compliance with the School Policy on Administration of Medicine. | | |

Section D

| I hereby give permission for my child in relation to the following | Yes | No |
|--|-----|----|
| To take part in the R.S.E., S.E.S.E., Stay Safe Programmes, all are recommended and vetted by the Department of Education & Skills. You will be informed in advance about these lessons. | | |
| To attend the Learning Support teacher if deemed necessary (you will be contacted in advance) | | |
| On occasion we administer 'Diagnostic' tests (e.g. MIST, NIRT) to discover the education progress of pupils. Should any concerns arise following these tests we will contact you. | | |
| On occasion, it may be necessary for organisational reasons to remove a group of children to another room to work with an support teacher (if your child is experiencing learning difficulties you will be informed personally by the teacher) | | |
| For the inclusion of your child's photograph on school website and facebook page and other school events with no name attached | | |
| Can we use your child's name (not photo) in relation to publicising school events and activities in our newsletter, website and similar publications? | | |
| To access the internet during supervised lessons on school devices (iPads, netbooks etc) and accept school rules on this matter | | |
| To your child's uniform being changed by a teacher in the presence of another adult in case of illness or toilet accident? | | |
| To receive text messages from the school e.g. reminders, updates etc €5 per family, per year | | |
| Going on school tours, local educational visits/field trips and participating in school activities (e.g. matches, quizzes, choir etc) | | |
| If your child need to be taken immediately to a doctor or hospital in case of serious illness/accident (if we cannot contact you) | | |

I agree to abide by the school's Code of Discipline and any changes that are made.
Available from website and office. All information given above is correct.

Parents/Guardians: _____ Date: _____