

Scoil Sinéad Pelletstown National School
Patrician College Campus
Deanstown Avenue
Finglas
Dublin 11



Phone : 8068898 or 086-1453205
Email : principal@scoilsinead.ie
Web : scoilsinead.ie
Roll No : 20502M

Pupil Enrolment / Registration Form

Dear Parents,

We would be obliged if you could complete this enrolment/registration information form. The first page details are required if your child becomes ill in school or the school has to close unexpectedly. Subsequent pages provide us with confidential information on your child's developmental history, (for school use only, to support your child), and statutory information for the Primary Online Database, (POD), which accompanies your child as they progress through the educational system.

Yours sincerely,
Board of Management

Pupil / Family Information and Consents

Name of Pupil: _____ Male/Female: _____

Date of birth: _____ Child's PPS No: _____

Home Address: _____

Email Address: _____

Medical Conditions if any: _____

Parent 1 Name: _____ Parent 1 Occupation: _____ Mobile: _____

Parent 2 Name: _____ Parent 2 Occupation: _____ Mobile: _____

If you have any medical information, which may be useful to a doctor, please add here:

If my child should become ill in school or if the school has to close suddenly, and there should be no parent/guardian at home/available to collect/take care of my child, I have made arrangements with the contact person named below, to collect/take care of him/her:

Contact name: _____

Relationship to child: _____

Address: _____

Telephone number: _____

In the event of an emergency and I cannot be contacted, I give consent to the school, to bring my child to the doctor/hospital.

Signed: _____

Date: _____

Pupil Profile

Language and Communication:

Comment of your child's level of language: _____

What is the first language spoken at home? _____

If English is not your child's first language how well do they speak English? Please tick

No English

Speaks a little English

Has a basic vocabulary

Is fluent

How well do they understand English?

Does not understand

Can follow simple instructions

Can respond in English when spoken to

Family Structure

Is your child living with: Please tick

Both Parents One Parent Grandparents Other

Who are the legal guardians of your child? _____

If there is any legal documentation we should have, please give details and supply a copy e.g. Guardianship, Court Order allowing/restricting access etc.
If **guardians** are **not** living together, please supply 2nd address for Guardian No. 2

Pre-school

Name of Pre-School attended: _____

Contact Person: _____ Phone No: _____

Are you happy for us to contact the pre-school if required? Yes No

Medical

Name / Address of Family Doctor: _____

Medical History: _____

Allergies: Nut Other Food

Medication: _____

POD Information (for Departmental records only)

First name (as per Birth Certificate)			
Surname (as per Birth Certificate)			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth:	PPS no:
Address			
Mothers Name:		Fathers Name:	
Mother's Maiden Name:			

Mothers Occupation	Fathers Occupation
Mothers Email:	Fathers Email:
Mothers Mobile No:	Fathers Mobile No:
Guardian: Yes () No ()	Guardian: Yes () No ()
Nationality:	Nationality
Language spoken at home:	Language spoken at home:
Religion:	Religion:
Please specify child's religion:	
Ethnic/Cultural Background:	Ethnic/Cultural Background:
Childs Ethnic/Cultural Background:	

Consents: Please tick Yes or No

	Yes	No
I/We give permission for my/our child to take part in the relationships and sexuality programme		
I/We give permission for data relating to my/our child's religion to be transferred to POD		
I/We give permission for data relating to my/our child's ethnic background to be transferred to POD		
I/We give permission for my/our child's photograph to be displayed in the school building, on the school website and in school publications		
I/We give permission for my/our child to be taken off on school trips off the school premises as necessary, during the school day.		
I/We give permission for my/our child name, date of birth and address to be transferred to the local HSE centre for Hearing, Sight and Dental Examinations		
I/We give permission for my/our child to attend Learning Support, Language Support and/or Resource support		
In the event of emergency and the school is unable to contact us, I/We give permission for a medical examination, if necessary.		

I/We have reviewed copies of the school's policies on Child Protection and the Code of Behaviour.

I/We wish to register my/our child in this school and once enrolled, I/we understand and agree that my/our child must comply with the rules, regulations and policies of Scoil Sinéad NS.

Furthermore, I/We agree to transfer of all reports on my child to his/her next school on leaving Scoil Sinéad NS.

Parent/Guardian 1: _____ Date: _____

Parent/Guardian: _____ Date: _____

All information provided is strictly confidential.

Please advise the school of any change of information given above while your child is attending Scoil Sinéad NS.

**Board of Management
Scoil Sinead NS**

Pupil Profile

Family History:

Please complete all sections, for school use only)

Position in Family (1st child, 2nd child etc): _____

Began to walk at (age): _____

Began to talk at (age): _____

Became toilet trained at (age): _____

Laterality (Right or Left handed): _____

Do you have any concerns regarding your child's development?

Do you wish to apply for child in the ASD unit? (places limited): Yes () No ()

Current Health/Agencies Attended

Has your child attended or does your child currently attend any of the following?

Service	Name/Location	Report Available(details)	Date last seen
Optician/Audiologist			
Psychologist			
Public Health Nurse			
Occupational Therapist			
Physiotherapist			
Assessment of Need			
Speech and Language			
Family Support Worker			
Social Worker			
TUSLA (Child & Family)			
Beechpark (Autism)			
Other			

Have you given copies of all relevant reports to the school?

If not previously supplied, please attach/upload, these are very helpful if your child requires supports on starting school