

Muire Gan Smál
Oileán Chiarraí
Co. Chiarraí



Presentation Convent
Primary School
Castleisland
Co. Kerry

First Name: _____ Surname: _____

PPS: _____

Address: _____

DOB: _____

Religion: _____

Nationality: _____

Boy

Girl

Relevant Health/Medical Information

(Has your child any additional needs: _____

Mothers Maiden Name: _____

What is the language spoken at home? _____

Have you children already attending this school?

No

Parental Information

Mothers Name: _____ Fathers Name: _____

Address (if different from above): _____ Address (if different from above): _____

Mobile: _____ Mobile: _____

Home: _____ Home: _____

Work: _____ Work: _____

Email: _____ Email: _____

Contact in case of emergency (must be completed):

Name: _____ Phone No: _____

Preschool

Has your child attend preschool? Yes No

Has your child attended another primary school? Yes No

If yes state name and address: _____

To which ethnic or cultural background group does your child

Please tick one (categories are taken from the Census of Population)

White Irish Irish Traveller Roma

Any other White background Black African

Any other black background Chinese Any other Asian background

Any other Asian background Other (incl. Mixed Background)

I do not consent to provide the above information

What is your child's religion?

Roman Catholic Church of Ireland (incl Protestan
Presbyterian

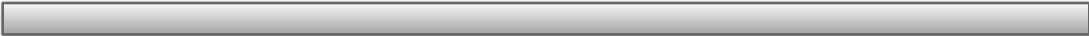
Methodist Jewish Muslim (Islamic)

Orthodox (Greek, Coptic, Russian) Apostolic or Pentecostal Hindu

Buddhist Jehovah's Witnesses Lutheran Atheist

Baptist Agnostic Other Religion

I do not consent to provide this information



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

Signed: _____ Date: _____

Parent/Guardian

For further information on POD please go to the Department of Education and Skills website. www.education.ie

The following documents must accompany this form

- Birth cert
- Baptismal cert (if Roman Catholic)
- Reports from Psychologists/SLTs/etc (if applicable)

DECLARATION

I WISH TO ENROL MY SON/DAUGHTER AS A PUPIL OF MUIRE GAN SMAL PRESENTATION PRIMARY SCHOOL. If my child is accepted for entry, I hereby undertake for myself and for him/her to observe the rules and regulations of the school as outlined in the Code of Behaviour.

Parent/Guardian Signature: _____

Date: _____

The Stay Safe, Relationships, Sexuality and Substance Abuse Programmes:
These programmes are taught in Muire Gan Smal as per the Department of Education ad Skills guidelines. If you do not wish your child to be taught these programmes please send a letter (before the 1st of August) to the Principal stating you are withdrawing your child from these programmes and confirming that you will teach these programmes to your child yourself. We strongly encourage that you do not withdraw your child.

Signed: _____

Date: _____

PARENTAL CONSENT

School Tours:

During your child’s time in Primary school there will be opportunities for them to go on school tours and educational tours organized by their teachers. These tours are both fun and educational and an important part of school life. Also some children play on school sports teams and will have to travel to away games.

School Social Media:

Our school’s facebook page is very useful as parents can keep up to date with certain aspects of school life. We try to keep the page as up to date as possible and use it to display photographs of activities taking place in the classroom and school environment.

First Aid:

During the course of the school day children can have little accidents and cut or bump themselves. We have a first aid kit in the office where we can administer very basic first aid such as cleaning wounds, putting plaster on little cuts and icepacks on knocks and bumps. We will contact you if something more serious happens as your child may need medical assistance.

Parental Permission to go on School/Sporting/Educational Tours es
No

Permission for school to upload photographs/work to the school facebook page
Yes
No

Permission for school to administer basic First Aid
Yes No

Permission to bring your child to the doctor in case of serious emergency where we have been unable to make contact with you

Yes No

Parent's/Guardian's Signature: _____ Date:
