

Principal: Philip Lonergan

Deputy Principal: Anthony O’Keeffe

**MULLINAVAT,**

**CO. KILKENNY.**

**Telephone: 051-898442**

**Email:stbeaconsns@gmail.com**

**Enrolment Form – School Year 2024-2025**

**Documentation Required:**

**Your application cannot be accepted unless you enclose original or a copy of your child’s Birth Certificate. Originals will be returned once copied by school.**

Pupil Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pupil Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Cert Forename: (if different from name above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Cert Surname: (if different from name above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupils Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.P.S.N of Pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mother’s/Guardian’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian’s Address Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(***If different from above)***

***With whom does the child normally live (please √ as appropriate)***

***Both Parents Mother Father Other (Please Specify)***

***­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Number of brothers: Number of sisters:

Class: \_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_

Give position in family: \_\_\_\_\_\_\_\_\_\_\_\_

Has your child attended a pre-school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child attended school previously? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To what standard? \_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No. of previous school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you require an extra copy of **Annual School Report**, school updates by text and e-mail etc in thesituation **where parents live separately** please complete the following:

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| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Tel. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Details of any legal orders affecting family arrangements for school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Text-a-Parent Contact Mobile Number (***one number only***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.)**

**Childminder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In the event of an emergency (accident, sickness etc.) occurring during school hours and if we are unable to contact you, please give 2 other contact names and phone numbers

Name Phone Number

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

Name and phone No. of Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any medical needs that the school should be aware of?

**Yes No**

In the case of emergency if we are uncontactable and our child needs medical assistance, we authorise the school to act on our behalf, including arranging to have him/her brought to hospital or to a local doctor whichever we consider necessary.

**Yes No**

Do you agree with your child’s uniform being changed by adult member of staff in the presence of another adult in case of illness or toilet accident?

**Yes No**

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| In order for the school to put in place the best resources for your child’s education from the start of the school year, we require the following information. This information will be treated with the utmost confidentiality. Has your child ever been assessed with any of the following?  A psychologist Yes □ No □  A speech and language therapist Yes □ No □  An Occupational Therapist Yes □ No □  Other Yes □ No □  Does your child have a medical, physical or emotional disability: Yes □ No □  If you have ticked yes to any of the above please ensure you speak to the principal. If there are written reports in relation to any of the above please supply the school with a copy.  **If your child requires medication during the school day please ensure you receive a copy of the school’s**  **Policy on Administration of Medicine**  Briefly describe the child’s needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Consents.**

I give permission to school staff to discuss the needs of my son/daughter, with the manager of the local Pre-school and Montessori (Mullinavat Community Pre-school Playgroup and Smarties Montessori). **Please forward any records/reports with this application.**

Yes No

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During the course of your child’s education in the school he/she may require extra assistance through support teaching. Full communication will be entered into in such a case.

**Yes No**

From time to time, your child may be taught by other mainstream or support teachers to complete class or small group activities such as I.C.T. and other projects, maths and literacy initiatives, public speaking, quiz teams etc.

**Yes No**

Do you give permission for the school to store information regarding pupils and parent/guardians in both manual and electronic format?

We are also required to share/transfer pupil information with Dept. of Education and Skills and other third parties as per our Data Protection Policy.

**Yes No**

Do you give permission for the school to send end of year report cards through Aladdin Connect?

**Yes No**

Do you give permission for your child to go on supervised school outings such as educational tours, sports events, concerts, visiting the church, library? I/We consent that my child may do so.

**Yes No**

Do you give permission for in-school screening for your child e.g. Drumcondra (Spellings, Maths & English) and other non-standardised tests as required?

**Yes No**

Does any legal order and/or family law exist that the school should be aware of?

**Yes No**

If yes please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any person into whose care your child should not be given?

**Yes No**

If yes please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make the school aware as early as possible of any family situation such as bereavement or separation that could impact on your child so that we can be as supportive as possible.

I/We give consent for the use of school related photographic images include my son/daughter on the school website, school Facebook page or in other school publications or displays. I understand that he/she will not be identified individually.

**Yes No**

**The Board of Management cannot be held responsible for pictures/video taken by parents at various school events.**

Do you give permission to access the internet in conjunction with the school’s Internet Acceptable Use Policy?

**Yes No**

Please answer YES or NO to the following **(*please circle as appropriate***)

We have received and read a copy of the “Code of Discipline”: Yes No

We will support and co-operate with the staff of the school: Yes No

By enrolling your child in the school you are agreeing to abide by the Code of Discipline,

Anti-Bullying**, School** Rules and other policies in the school including those in the Information Booklet and other policies developed in the school in conjunction with the Board of Management, Teachers and Staff and the Parent’s Associations.

We have read and understood the above consents.

I/We wish to enrol **(Child’s Name**:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in St. Beacon’s National School

We undertake to see that our child will attend school punctually and regularly. (Copies Child Protection Policy, Code of Discipline, Anti-Bullying Policy) are enclosed in pack.

I/We have read all of The Code of Discipline with **(Child’s Name:)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and we agree to abide by the school rules.

**Signed: Mother/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: Father/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return to the school Tuesday 27th February by 2024**

**Parents will be notified by post confirming the child’s enrolment by Tuesday 12th March 2024.**