

St. Kilian's Junior School
Roll Number: 19556F

Application Form for Enrolment in St. Kilian's JNS

1. Child's Details

Surname: _____ First Name/s: _____ Date of Birth: _____

Child's Gender : Male Female Projected age in years and months at starting primary school: _____

Address: _____ Eircode: _____ Home Tel: _____

Previous school/s / preschools: _____ Class/Teacher: _____

2. Parent/ Guardian Information

Mother's Name: _____ Mobile: _____ Country of Origin: _____

Work Address: _____ Work Tel: _____

Father's Name: _____ Mobile: _____ Country of Origin: _____

Work Address: _____ Work Tel: _____

Email Contact for School Communication: _____ (in clear print)

Reason for school transfer: _____

By applying to enrol your child in and/or by attending St. Kilian's Junior School you acknowledge and agree to the collection and processing of personal information by the school. Please see our website, www.stkiliansjns.ie for our Data Protection Privacy Statement and Data Protection Policy.

By enrolling your child in St. Kilian's Junior School, you are agreeing to abide by all school policies, including our Code of Behaviour. See Parents' Handbook for the full Code of Behaviour. I agree I disagree

3. Additional Information for Primary Online Database (POD)

Birth Cert Forename if different: _____ Birth Cert Surname if different: _____

Child's Nationality: _____ PPS No.: _____ Mother's Maiden Surname: _____

Is one of the child's mother tongues(language spoken at home) English or Irish? Yes No

Child's Religion: _____ Consent to transfer to POD Yes No

To which ethnic or cultural background group does your child belong? (please tick one)(categories taken from Census of Population)

White Irish Any other White background Irish Traveller Roma Black or Black Irish – African

Black or Black Irish – Any other Black background Asian or Asian Irish – Chinese Other (incl. mixed background)

Asian or Asian Irish – Any other Asian background Consent to transfer to POD Yes No

I/ We consent that information relating to my child will be made available to school staff on a need-to-know basis. I also consent that the school may transfer this information to another school when my child is moving or to other relevant agencies; Department of Education & Skills , including its Primary Database, Tusla – Child & Family Agency, Health Services Executive, and National Council for Special Education.

Signature of Parent/s/: _____

Today's Date: _____

Guardians

For Office Use Only

Date Application Received: _____ Baptismal Cert. received _____ Birth Cert. received _____ Proof Of Address

4. Other Information

Extra Emergency Contacts:

| Name: | Address : | Contact Number: |
|----------|-----------|-----------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Important Medical Information: _____
(See Developmental Checklist also)

Family Doctor: _____ Address: _____ Tel: _____

Number of children in family: _____ Place of child in family: _____

Siblings' Details: Name: _____ Age: _____ School: _____

Parental Consents for Duration of Child's Attendance at St. Kilian's Junior School

1. Do you give permission to take the child straight to hospital in the case of serious illness/ emergency?

Yes No

2. Do you accept the guidelines for internet use as outlined in the Acceptable User Policy, in the Parents' Handbook and give permission for your child to access the internet under the terms of the policy. A copy of the AUP is on the website.

Yes No

3. Do you consent to your child's work/ photograph/ video clip being published in relation to school events in a) school print productions, b) local /national press, c) on the school's website d) other school related agencies – initiatives ? No contact details relating to your child will be released, but your child's name may be used.

Yes No

4. The ethos of this school is Catholic. Do you give consent for your child to participate in religious education class?

Yes No

Note: If you do not consent for your child to participate, your child will be assigned different work during this class.

5. Do you consent to your child taking part in Relationships and Sexuality Education and the Stay Safe Programme as part of the curriculum subject Social Personal and Health Education?

Yes No

6. Occasionally your child may be withdrawn from class to work in a smaller group supporting curriculum learning. Do you consent to this withdrawal?

Yes No

7. Do you consent to your child participating in Fieldtrips within walking distance of the school, to support the school curriculum? Trips requiring transport will be consented separately.

Yes No

8. Do you consent to the school administering diagnostic tests with your child to support the areas of literacy and numeracy if necessary?

Yes No

9. Does any legal order under family law exist in relation to this child? If yes, a copy of the court order is required for the school.

Yes No

Child's Name: _____ Please ✓ as appropriate

| | | | |
|----------------------|---------------|-----------------|----------------|
| Birth History | Normal | Abnormal | Comment |
|----------------------|---------------|-----------------|----------------|

| | | | |
|---------------------------------|------------|-----------|----------------|
| Developmental Milestones | Yes | No | Comment |
|---------------------------------|------------|-----------|----------------|

Walking (by 18 months) _____

Talking (by 2 years) _____

Toilet Trained (by 3 years) _____

| | | | |
|-------------------|---------------------|--------------------|--------------|
| Laterality | Right-handed | Left-handed | Mixed |
|-------------------|---------------------|--------------------|--------------|

Childhood Illnesses

Comment – type, duration, hospitalisation, food allergies etc.

| | | |
|-------------------|------------|-----------|
| Medication | Yes | No |
|-------------------|------------|-----------|

Details: _____

If child requires medication to be administered during the school day, permission must be sought from the Board of Management and an indemnity form signed. Staff must be trained in the administration of any medication.

Referral to Other Agencies

Has the child been referred to any other outside agency? (speech therapist, social worker, psychologist, specialist etc.)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

Comment: _____

Other Adverse Circumstances

Give details and specify any condition not listed above which might be considered to affect the child's ability to benefit from school.

Developmental Checklist (continued)

| | Satisfactory | Unsatisfactory | Comment |
|-------------------------------------|---------------------|-----------------------|----------------|
| Vision | | | |
| Hearing | | | |
| Physical Co-ordination | | | |
| Speech (Articulation) | | | |
| Language (Expression) | | | |
| Language (Comprehension) | | | |
| Temperament | | | |
| Sociability | | | |
| Concentration | | | |
| General Alertness | | | |

Any Other Information: _____

Declaration by the Parents/Guardians:

I/We declare that we have provided all the relevant information to the school in this application for enrolment which will be required for my/ our child to benefit fully from his/ her education, including information relating to any behavioural needs or special needs.

Consent to contact previous School/ Preschool/ Other Organisation:

I/We consent to this school contacting any previous education/medical/specialist provider in order to access necessary information about my child.

Signature/s of Parent/s/ Guardian/s: _____ **Date:** _____
