

**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](http://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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**It is mandatory to teach the subject SPHE ( Social, Personal & Health Education) in all Primary Schools, encompassing, Relationships and Sexuality Education (RSE), the Stay Safe Programme ( personal safety skills) , and the Walk Tall programme (substance misuse prevention). It is advised that all children participate in this curricular subject, with parental support. Please contact the school should you have any concerns.**

#### **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. 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

6. 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

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

Yes  No

8. 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

<b>Birth History</b>	<b>Normal</b>	<b>Abnormal</b>	<b>Comment</b>
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\_\_\_\_\_

<b>Developmental Milestones</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
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Walking ( by 18 months) \_\_\_\_\_

Talking (by 2 years) \_\_\_\_\_

Toilet Trained ( by 3 years) \_\_\_\_\_

<b>Laterality</b>	<b>Right-handed</b>	<b>Left-handed</b>	<b>Mixed</b>
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\_\_\_\_\_

**Childhood Illnesses**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Medication</b>	<b>Yes</b>	<b>No</b>
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\_\_\_\_\_

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.)

<b>Yes</b>	<b>No</b>
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\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

**P.T.O**

**Developmental Checklist ( continued)**

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

**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:** \_\_\_\_\_

\_\_\_\_\_