

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

Application Form for Enrolment in St. Kilian's JNS

1. Child's Personal Details

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

Child's Gender : Male Female

Address: _____ Home Tel: _____

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)

Extra Emergency Contacts:

Name: _____ Address : _____ Contact Number: _____

1. _____

2. _____

3. _____

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/: _____
Guardians

Today's Date: _____

For Office Use Only

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

P.T.O

4. Other Information

Previous school/s / preschools: _____ Class: _____

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: _____

Reason for transfer: _____

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 agree to support the school's policy/ code of behaviour, as outlined in the Parents' Handbook? Do you also agree to accept and abide by the policies and procedures put in place by the school's Board of Management?

Yes No

3. Do you accept the guidelines for internet use as outlined in the Acceptable User Policy, in the Parents' Handbook and give permission for my/our child to access the internet under the terms of the policy.

Yes No

4. 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 on the website.

Yes No

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

10. Official school hours are 8.50a.m. to 1.30p.m.(infants) and 2.30p.m. (first and second classes). Do you agree to keep your child off school property outside these times?

Yes No

Child's Name: _____ Please ✓ as appropriate

Birth History	Normal	Abnormal	Comment
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_____	_____	_____
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Developmental Milestones	Yes	No	Comment
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Walking (by 18 months)	_____	_____	_____
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Talking (by 2 years)	_____	_____	_____
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Toilet Trained (by 3 years)	_____	_____	_____
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Laterality	Right-handed	Left-handed	Mixed
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_____	_____	_____
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Childhood Illnesses

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

Medication	Yes	No
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_____	_____
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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.)

Yes	No
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_____	_____
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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.

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:** _____
