

# MOUNTBOLUS NATIONAL SCHOOL

Mountbolus Tullamore Co. Offaly R35VH39

PH (057) 9354946 email: mountbolusns@gmail.com

## ENROLMENT FORM

Pupil ID: (For office use only)

Student name: \_\_\_\_\_

School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class enrolling child into: \_\_\_\_\_

(Please attach copy of Birth Certificate)

P.P.S Number: \_\_\_\_\_

Name in Irish: \_\_\_\_\_

(Otherwise school will translate)

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

Eircode: \_\_\_\_\_

Please note that these details will be recorded on the Department of Education Primary Online Database

Parent / Guardian 1 name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent / Guardian 2 name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please nominate email address for school email communications: \_\_\_\_\_

Please nominate mobile number for school Text Parent System: \_\_\_\_\_

(If parents live at separate addresses, both numbers will be entered on the text system)

**It is important that the school has a local contact person who may be contacted in case of emergency**

Contact person 1: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Contact person 2: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Please notify the school immediately if any contact numbers change.**

Do you give permission for your child to be taken straight to hospital in case of serious illness or accident?

(We will endeavour to contact parents first) Yes: ☐

No: ☐

Name of previous school /pre-school (if applicable): \_\_\_\_\_

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

Principal's name (if applicable): \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

Yes ☐

No ☐

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you give permission for your child's work and photograph to be used on school website. (Pupils will not be identified in the photo). Yes ☐ No ☐

Do you give permission for your child's name and contact details to be passed to the H.S.E for health screening purposes. (Dental / Sight & Hearing Screening) Yes ☐ No ☐

Are there any legal orders under family law that the school should be made aware of?

(The school should be made aware if any court order which affects the child's welfare and also the name of any person into whose custody the child should **not** be given.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and accept the school's Code of Behaviour & Anti-Bullying Policy.

Signed: \_\_\_\_\_ Parent / Guardian Date: \_\_\_\_\_

**Younger Siblings:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Early Development / Medical History****Please tick boxes as appropriate.**

Birth History:

Normal ☐Abnormal ☐

Comment: \_\_\_\_\_

\_\_\_\_\_

**Developmental Milestones**

Walking (by 18 months)

Yes ☐No ☐

Comment: \_\_\_\_\_

\_\_\_\_\_

Talking (by 2 years)

Yes ☐No ☐

Comment: \_\_\_\_\_

\_\_\_\_\_

Toilet trained (by 3 years)

Yes ☐No ☐

Comment: \_\_\_\_\_

\_\_\_\_\_

**Laterally**Right Handed ☐Left Handed ☐Mixed ☐**Childhood Illness**

Comment – (type, duration, hospitalisation, etc) \_\_\_\_\_

\_\_\_\_\_

**Medication**Yes ☐No ☐

Please give details and specify of medication is to be taken in school: \_\_\_\_\_

\_\_\_\_\_

**Other Adverse Circumstances**

Please give detail and specify any conditions not listed above which might be considered to affect your child's ability to benefit from school: \_\_\_\_\_

\_\_\_\_\_

**Referral to Other Agencies**

Has your child been referred to any other outside agency (speech therapist, social worker, psychologist, specialist)

Yes ☐No ☐

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include any relevant medical/ developmental/ psychological reports relating to your child

**Developmental Checklist**

Please tick (✓) boxes as appropriate

	<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 comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Department have introduced a nationwide information system for school called the Primary Online Database (POD). The system will allow the Department to identify children leaving the education system early or not making the transfer from primary to post primary level. It also delivers benefits to school and parents by reducing form filling and allowing records to be transferred between schools automatically as your child moves school.

The system requires individual details for every pupil enrolled in the school, including your child's PPS number, name, date of birth, address and nationality. This information is compulsory.

There are two **optional** pieces of information requested in relation to religion and cultural background. The school requires written permission to include this information

**To which ethnic or cultural background group does your child belong (please tick one)?  
(Categories based on the Census of Population)**

White Irish		Irish Traveller	
Roma		Any other White Background	
Black African		Any other Black background	
Chinese		Any other Asian background	
Other (including mixed background)		No Consent	

**What is your child's religion?**

Roman Catholic		Church of Ireland (including Protestant)	
Presbyterian		Methodist, Wesleyan	
Jewish		Muslim (Islamic)	
Orthodox (Greek, Coptic, Russian)		Apostolic or Pentecostal	
Hindu		Buddhist	
Jehovah's Witness		Lutheran	
Atheist		Agnostic	
Baptist		Other Religion	
No Religion		No Consent	

*I consent for the special category in the two questions above 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

Please complete this form and return to your primary school. For further information on POD please go to the Department of Education and Skills' website [www.education.ie](http://www.education.ie)