



# Ratoath Senior National School

Fairyhouse Road, Ratoath Co Meath. – Phone: 8254470 – Email: admin@ratoathsns.ie

## APPLICATION FOR ENROLMENT

The Dept. of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Dept. at individual pupil level on a live system. The data required for POD is marked with an asterisk \* and will only be uploaded to POD **if your child is enrolled**. All other data we need for the efficient running of the school. **In order to assist with the gathering of data please complete this form in CAPITAL LETTERS and return to the school. This form will be retained by the school.**

\*Surname of pupil : \_\_\_\_\_ \*First Name : \_\_\_\_\_

\*Starting Date: \_\_/\_\_/\_\_ \*For Class: \_\_\_\_\_ \*Date of Birth: \_\_/\_\_/\_\_

\*Home Address: \_\_\_\_\_

\*Eircode: \_\_\_\_\_ Home Tel No: \_\_\_\_\_ \*Male  /Female

\*Child's PPS No: .\_\_\_\_\_ \*Religion: \_\_\_\_\_ \*Nationality: \_\_\_\_\_

If English is not the child's first language please state which language: \_\_\_\_\_

\*To which ethnic or cultural background group does your child belong:

- White Irish     Any other White Background     Irish Traveller
- Black African     Any other Black Background     Roma
- Chinese     Any other Asian Background     Other (inc. mixed background)

\*Do you consent to uploading data relating to ethnicity and religion to POD    yes  / no

	Name:	Phone No. :	Email:
Mother:			
Father:			
Extra Contact:			

*Siblings in this school or Ratoath Junior National School*

Name :	Class:

Position in Family (1<sup>st</sup>, 2<sup>nd</sup> etc.): \_\_\_\_\_      Number of children in family \_\_\_\_\_

Stay Safe Programme Permission:      yes  / no

Internet Usage Permission (Acceptable Use Policy on school website):    yes  / no

Do you accept the Code of Discipline and Behaviour?      yes  / no

Do you accept the Anti-Bullying Policy in use in Ratoath S.N.S?      yes  / no

Do you consent to your child going on school outings which may involve travelling under supervision in a coach or walking under supervision?      yes  / no

Do you consent to your child's photograph being taken for class work, classroom display, the school calendar and the school website?      yes  / no

Do you consent to your child receiving literacy and/or numeracy support if necessary?      yes  / no

Do you consent to your child's name and class being shared with Wonde for the hot meals in school service?      yes  / no

Do you wish your child to participate in the school religion programme yes  / no   
Denominational Character : Roman Catholic under the patronage of Most Reverend Thomas Deenihan, Bishop of Meath. Provision is made for children of other religions to do other work during this period (usually 30 mins per day)

You have the right to change your consent at any time or to withdraw your consent. You also have the right to give your consent or withdraw your consent for any particular occasion/event which may occur during your child's time in school. It is your responsibility to inform the school of any such change.

Has your child ever received: Resource Hours, Learning Support or required a Special Needs Assistant in previous Schools? yes  / no   
(If yes please forward details)

Do they still qualify for such help? yes  / no   
Has your child any Special Needs? yes  / no

If your child has any Special Needs, please supply details...

Please attach or forward any relevant reports or assessments.

Your Previous Address: \_\_\_\_\_

**All Previous Schools Attended:**

Name :	For Class :	Address / Tel No.:

Have you formally informed the last school of this transfer? yes  / no

Permission is hereby granted for my child's / children's previous school to forward all relevant reports, assessments, psychological reports and medical reports which they have on file to Ratoath S.N.S. yes  / no

**MEDICAL INFORMATION**

Doctor's Name: \_\_\_\_\_ Tel No. \_\_\_\_\_

No medical problems to declare:

Medical Information : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of Medication being taken (if any):  
\_\_\_\_\_

**Emergency Situations:**

Whereas every effort will be made to make contact first with a parent or guardian, in cases of emergency a child or children will be brought to a doctor or hospital at the teacher's or Principal's discretion.

We / I **agree** with the emergency procedure outlined:

We / I **do not agree** with the emergency procedure outlined:

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

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*[please attach a copy of the pupil's most recent school report and proof of address]*