



Year of entry: \_\_\_\_\_

Class: \_\_\_\_\_

## Enrolment Application Form

Pupil's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Child's PPS \_\_\_\_\_

Address (at which the applicant resides): \_\_\_\_\_

\_\_\_\_\_

Eircode \_\_\_\_\_

Name and class of Sibling(s) currently enrolled: \_\_\_\_\_

\_\_\_\_\_

Parish in which the applicant resides: \_\_\_\_\_

### ***Parent(s)/Guardian(s) Details:***

Name: \_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

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

\_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email. \_\_\_\_\_

Name: \_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

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

\_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email. \_\_\_\_\_

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



## Medical Condition and Administration of Medicines

Child's Name: \_\_\_\_\_

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

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

### Emergency Contacts

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Prescription Details:

\_\_\_\_\_

Storage details: \_\_\_\_\_



Dosage required:

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Is the child to be responsible for taking the prescription him/herself?

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What Action is required

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I/We request that the Board of Management authorise the taking of Prescription Medicine during the school day as it is absolutely necessary for the continued well being of my/our child. I/We understand that the school has no facilities for the safe storage of prescription medicines and that the prescribed amounts be brought in daily. I/We understand that we must inform the school/Teacher of any changes of medicine/dose in writing and that we must inform the Teacher each year of the prescription/medical condition. I/We understand that no school personnel have any medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed \_\_\_\_\_ Parent/Guardian

\_\_\_\_\_ Parent/Guardian

Date \_\_\_\_\_



## Allergy Details

Type of Allergy: \_\_\_\_\_

Reaction Level: \_\_\_\_\_

Medication: \_\_\_\_\_

Storage details: \_\_\_\_\_

Dosage required: \_\_\_\_\_

Administration Procedure (When, Why, How)

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

Date: \_\_\_\_\_



## Aughacasla National School Parental Permission Form

On the enrolment of your child, we ask your permission for your child to participate in certain activities. In order to cut down on unnecessary paperwork and simplify record-keeping, we have decided to include as many permissions as possible on one sheet. Please read carefully each of the items below and tick the relevant box. Not all items may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below, please feel free to contact the class teacher or principal.

| <b>I hereby give permission for my child in relation to the following:</b>  | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| Go on school tours, local educational visits/field trips and participate in school activities (e.g. matches, quizzes, choir, after school training, active week activities etc)   |            |           |
| To allow my email to be used as a form of communication from Aughacasla N.S. and our Parents' Council.  |            |           |
| Images of your child and his/her work may appear on our website. Images may be of individuals or groups. It is the school's policy to celebrate your child's work and achievement. We do not publish children's names with their images. Do you agree to the school using your child's image in this way?   |            |           |
| The school teaches 'Stay Safe' lessons on personal safety & protection and RSE (relationships & sexual education) lessons on developing and changing. Both are recommended and vetted by the Department of Education and Skills. Lessons are developed using suitable content and appropriate language for each class. Can your child participate in these lessons?   |            |           |
| Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? (In a non-emergency it is the school's policy is to inform parents/guardians if their child has had an accident in school which may require them to collect their child and take him/her home or to hospital or doctor). In an emergency it may be necessary to take the child to hospital/doctor and inform parents/guardians afterwards. |            |           |
| Being photographed by the media. On occasions such as school shows, sports day, matches, choir performance, Communion, Confirmation and other school events local press photographers take photos/videos of children. It is our policy to not include children's names in photographs. (Please remember that removing a child from a photo with the rest of the class can be quite upsetting for the child.)  |            |           |
| Do you give permission for your child to make his/her First Holy Communion (2 <sup>nd</sup> class) and to make his/her Confirmation (6 <sup>th</sup> class) and to participate in practice in relation to these events?   |            |           |
| On occasion we administer 'Diagnostic' tests (e.g. Neale Analysis, MIST, Belfield Infant Screening, NRIT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this?  |            |           |

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_