SCOIL NAOMH FIACHRA
ILLISTRIN NS

ENROLMENT FORM

TEL. NO. (074) 9125775

Date of entry to this school_____ Registration No. (Office)

Application for a place in Scoil Naomh Fiachra does not guarantee placement. Our Admission Policy is available on the school website: www.illistrin.town.ie

Child's First Name: _____ Child's Surname: _____

Home Address: _____ Eircode: _____

Email Address:

_____

Date of Birth: _____ PPSN _____ Gender (M/F) _____

Child's Nationality: _____ Date of Entry to Ireland (if applicable): _____

Father's Name:_____ Father's Mobile No. _____

Mother's First Name: _____ Mother's Maiden Name: _____

Mother's Mobile No: _____ TEXT-A-PARENT Mobile No. _____

Other Name/Contact No:

_____

Father's Occupation: _____Mother's Occupation: _____

Country of origin of parents: _____ Language spoken at home:_____

Names of siblings already attending this school:

_____

The school should be made aware of any family circumstances, including a court order, that may affect your child's welfare.
Does any legal order under family law exist that the school should know about? YesNo

Religion: _____Birth Cert Received: ☐ Baptismal Cert. Received: ☐

Date of Baptism: _____Place of Baptism: _____

Pupils transferring from another school

Class you wish to enrol your child in:

_____

Previous **Primary School**: _____

Class attended in previous school: _____ Date left previous school: _____

Name of Playschool your child attends:

_____

I give permission for the school to contact my child's play school: **Yes No**

Has your child ever had a psychological assessment? Yes No
Has your child ever received a speech and language report? Yes No
Please name any outside Agencies involved with your child ie. EIT, AIMS, Public Health:

_____

Please name any **allergies** your child has:

_____

Optional Information - Department of Education Data Base

To which ethnic or cultural background group does your child belong? (Please tick one) (Categories are taken from 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 (inc. Mixed Backgrounds)		No Consent	

What is your child's religion? (Please tick as appropriate)

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

I consent for this information 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 his/her time in primary school. For further information please go to www.education.ie

I/We accept the Code of Behaviour Policy/Procedures and the Anti-Bullying Policy/Procedures in Scoil Naomh Fiachra (available on the school website).

I/We have supplied all relevant information and reports for my/our child to enrol her/him in Scoil Naomh Fiachra.

Signed: _____

Date: _____

We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the school's Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (t/a Aladdin Schools), from where the data is only processed for the above purpose.