



ENROLMENT APPLICATION FORM

**St. Louis Infant School,
Park Road,
Monaghan.
H18 P950
Tel: +353 47 82913**

**Email: office@stlouisinfants.ie Website: www.stlouisinfants.ie
Instagram@stlouisinfants**

CHILD'S PERSONAL DETAILS

Name:	Surname as on Birth Certificate:	DOB / /	Date enrolled / /	
Address:		Eircode	Male	Female
Email Address:		PPS Number:	Mother's Maiden Name:	
Nationality:		Class Enrolling For: Junior Senior First (please circle)		
No. of Children in Family:	Position of Child:		Brother/Sister in this school:	
Year of Arrival in Ireland: (if not born in Ireland)		Language Spoken at Home:		
Name and Address of Previous School or Preschool:		Class in Previous School:		
Has your child received Special Education Support Teaching in his/her previous school? Yes No				
Please give details.				

Mother's Details 1. Parent <input type="radio"/> 2. Guardian <input type="radio"/> <i>Please specify</i>		Father's Details 1. Parent <input type="radio"/> 2. Guardian <input type="radio"/> <i>Please specify</i>	
First Name:	Surname:	First Name:	Surname:
Country of Birth: <i>(If Applicable)</i>		Country of Birth: <i>(If Applicable)</i>	
Occupation:		Occupation:	
Mobile Phone Number:		Mobile Phone Number:	
Work Phone Number:		Work Phone Number:	

Emergency Contact Information

Emergency Contact Person if both parents are unavailable. Every effort will be made to contact parents or guardians first.

Name:	Phone Number:
-------	---------------

MEDICAL DETAILS

Any medical conditions affecting pupil's lifestyle: **Yes** **No** *(please circle)*
If yes, please give details, e.g. allergies epilepsy, diabetes, asthma, fainting etc.

Does your child wear glasses? **Yes** **No**
Does your child have hearing difficulties? **Yes** **No**

Does your child have access to or receive support from any of the following services?

Speech & Language **Yes** **No** Enable Ireland **Yes** **No**
Occupational Therapist **Yes** **No** Psychologist **Yes** **No**

Does your child have a report from any of these services? *(Specify)*

Doctor's Name: Doctor's Telephone No.:

Doctor's Address:

General Permissions

Please Read Carefully

Emergency Medical Assistance

I / We give my/our consent that when the teaching staff in St. Louis Infant School are unable to make contact with us, or with a carer duly authorised by us to act on our behalf, they may seek medical assistance for my/our child in the event of an illness or accident, and we further authorise medical practitioners to administer necessary medical treatment.

Signature: **Yes** **No** *(please circle)*

Outings and Events

I / We give permission for my/our child to take part in all organized and supervised school-related outings, activities, trips and events on or outside the school premises during his/her time as a pupil in St. Louis Infant School. (Library, Museum, Post office, shop, supermarket, Garage Theatre, Farmer's market, Bookshop)

Yes **No** *(please circle)*

I give permission for my child to attend mass with his/her class group.

Signature: **Yes** **No** *(please circle)*

School Photographs/Videos/Social Media

I / We agree that photographs and/or videos of school activities featuring my/our child may be publicised in school, at local events, in the print/social media (i.e. Instagram, Meta), newspapers and on the school website www.stlouisinfants.ie or Instagram@stlouisinfants account.

Signature: **Yes** **No** *(please circle)*

SEN/School Screening/Reports

I / We agree to give permission for my child to participate in any standard school screening/testing/EAL assessments, and to avail of Special Education Support teaching in a small group or individually if necessary. This support will be discussed at Parent/Teacher meetings.

Signature: **Yes** **No** *(please circle)*

(GDPR) I / We agree to give permission for the teaching staff of St. Louis Infant School to access reports / information from outside agencies or from previous schools.

Signature: **Yes** **No** *(please circle)*

Code of Behaviour

I / We agree to comply with the school Code of Behaviour in co-operation with the staff to ensure that my/our child understands and keeps the code.

Signature: **Yes** **No** *(please circle)*

Acceptable Use Policy

As the parent or legal guardian of the above pupil, I am aware of the Acceptable Use Policy and grant permission for my child to access the Internet. I understand that Internet access is designed for educational purposes. I also understand that every reasonable precaution has been taken by the school to provide for online safety but that the school cannot be held responsible if pupils access unsuitable websites.

I understand that, if the school considers it appropriate, my child's schoolwork may be chosen for inclusion on the school's website and I understand and accept the terms of the AUP (Acceptable Use Policy) relating to publishing children's work on the school Website www.stlouisinfants.ie or Instagram@stlouisinfants.

Signature: **Yes** **No** *(please circle)*

Name of your child's friend (One friend may be accommodated):

Date: _____

Signed: _____

Birth Cert: Yes/No PPS No: Yes/No

Information Required by The Department Of Education and Skills

The Department 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 Department at individual pupil level on a live system. This information will be used to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting. The database will hold data on all primary school pupils. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background. **The data required for POD is pupils, Birth Cert First Name, Birth Cert Surname, Pupils Address, Nationality, Date of Birth, PPSN, Gender, Mother's Maiden Surname, Religion and Ethnic Background.** All other data collected is needed for the efficient running of the school.

In order to assist with the gathering of data, please provide the optional additional information requested below, or tick "No Consent" if preferred.

To which ethnic or cultural background group does your child belong? (please tick one)

White Irish		Irish Traveller		Roma	
Black or Black Irish-African		Black or Black Irish – Any other Black background		Asian or Asian Irish - Chinese	
Any other White background		Asian or Asian Irish – Any other Asian background		Other (inc. mixed background)	
No Consent					

What is your child's religion? (please tick one)

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

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I consent for the Information on these pages 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 : _____ (Parent/Guardian) Date : _____

***Please note that all School Policy Documents are available on request from the school office.
Enrolment forms are kept in a locked filing cabinet in line with GDPR Regulations***