Culmore N.S. Enrolment Form

NB: Your child must be 4 years of age before 1st April 2026 to enrol

Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child.

USE BLOCK CAPITALS PLEASE

1. Name of child: _____ Male/Female : _____

2. Surname in Irish: _____ 3. The class in which your child is entering: _____

4. Number of children in the family: _____ 5. Placing of child in the family: (1st, 2nd etc.): _____

6. Date of Birth:_____ PLEASE ATTACH ORIGINAL BIRTH CERTIFICATE (we will copy and return)

7. PPSN: _____

8. PARENTS: The following information is needed for registration purposes.

Name (Mother): _____ Name (Father): _____

Occupation: _____ Occupation: _____

Nationality:_____ Nationality:_____

With whom does the child normally reside: Name/s:_____

9. Home Address: _____

_____

_____

10. Home Phone No.: _____ 9. Mobile No. (Mother): _____

Mobile No. (Father): _____

11. 1st contact person if parent(s) not available: Name: _____

Phone No. _____

2nd contact person if parent(s) not available: Name: _____

Phone No. _____

Principal: Hazel Cosgrove
Deputy Principal: Amy Muldowney

Culmore N.S.
Tel: (094)9252038
Email: culmorens@gmail.com

12. Please list the people, other than child's parents, that are permitted to collect your child:

_____ _____

_____ _____

13. Religion: _____ **Place of Baptism** (if applicable)**: _____**

14. Name and address of pre-school or previous school attended (if applicable):

_____

15. Phone no. of previous school: _____

I give permission to Hazel Cosgrove (principal) to discuss the needs of my son/daughter with the manager of the pre-school/school listed above if applicable. Yes No

16. Name and phone no. of Family Doctor: _____

17. Does your child appear to have any difficulties with the following:

Hearing: Yes No **Speech:** Yes No **Vision:** Yes No

If you have answered yes to any/all of the above please give details:

_____

_____

PLEASE ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS IF APPLICABLE

18. Has your child ever had any type of assessment? Yes No

If yes please give details: _____

_____

_____

19. Do you give permission for your child to go on school trips under teacher supervision during the school day e.g trips to the local church, local historical buildings, sport events, tours etc.

Yes No

20. Sometimes we take pictures of the children e.g awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed and displayed in school projects/displays, on the school website/app, in local newspapers, and school related activities?

Yes	No

***The Board of Management cannot be held responsible for pictures/video taken by any third party at the St. Patrick's Day Parade, Celebrations, School Concert etc.**

21. Sometimes the school is requested to pass on names of children/addresses/DOB to secondary schools when children are transferring to second level, to sporting bodies when children are taking part in games outside the school. Do you allow the school to pass on this information to these relevant bodies? *It is important to note, schools are now legally obliged to pass this information to the HSE, regardless of parental consent.

Yes	No

22. The school teaches Relationships and Sexuality Education (RSE) using the guidelines provided by the Department of Education and Science. If you would like to view the content of the programme used in the school for teaching RSE you are welcome to do so.

If you have any concerns with regard to RSE please tick this box so that an appointment will be made with the principal to discuss your concerns. ☐

23. Do you give permission for your child to take part in swimming lessons organised by the school?

Yes	No

24. If there is any other information about your child/family which may be relevant to his/her teacher/school, please include it in the space below. The information provided is only required for professional reasons and will be treated with respect and confidentiality.

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The information I have given in this form is accurate.

I/we accept a place for my/our child in Culmore N.S., if it is offered and agree to abide by the school's policies and rules. Some of the main policies are included on the school website www.culmorens.ie or in the information pack, which can be obtained from the school.

Parent/s signature: _____

IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.

If at any stage throughout your child's time in this school you wish to draw consent given on this form PLEASE DO SO IN WRITING AND HAND DIRECTLY TO THE PRINCIPAL.

Please also fill in and return the Medical Consent Form on the next page.

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Culmore N.S. Medical Consent Form

In the case of accident or emergency, where parents or guardians are not available, I hereby give permission to the teacher(s) take my child

Name: _____

to a doctor, dentist, hospital, appropriate medical professional, etc.

In the event of my son/daughter requiring medical attention for the duration of the school outing/tour, I consent to his/her referral to such doctor, dentist, hospital, appropriate medical professional, as the tour leader sees fit.
I give consent for the administration of over-the-counter medications to my son/daughter by the group leader should it be necessary for the duration of the trip.

Pupil's Name: _____

Date of Birth: _____

Class: _____

Please list any pre-existing medical conditions which your son/daughter suffers from:

Details of prescribed medication:

Other relevant details:

Doctor's Name:_____
Phone:_____

Address:

Home Phone Number:	Work Phone No:	Emergency Phone No:

Signed: _____ **Date:** _____

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(Parent / Guardian)

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