

Enrolment Form: Bishop Foley School.

Fáilte, Welcome, Bienvenue Witajcie, Bine ati venit ,Sveiki Vítejte Takulandiran.

Personal Details of Child being enrolled:

First Name: _____ Surname: _____ (as on Birth Certificate)

Address: _____

DOB: _____ PPS No. _____ Religion: _____

Child's Nationality: _____ Child's Country of Birth: _____

Mother's Country of Birth: _____ Father's Country of Birth: _____

Language spoken at home: _____ EirCode: _____

Notes/Relevant Information: _____

Details of Previous School:

Name of School: _____ Roll Number: _____

School Address: _____

What Class was your child in? _____ Did your child receive learning support? Yes [] No []

Please give details: _____

Please tick if your child has been assessed in any area below.

Psychological Assessment Speech & Language Other Assessment

Child Minders / Relatives / Neighbour who can be contacted if parents unavailable:

1. Name: _____ Tel: _____

2. Name: _____ Tel: _____

Family Details & Details of Legal Guardian/Guardians:

Mother / Guardian's Details

Father

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Phone No: _____

Phone: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

Email Address: _____

Information on Health/Allergies etc.

Is your child allergic to any medication or food? Yes [] No [] If yes give details below:

Is there any other relevant information about your child which we should know?

Please read each statement below and <i>initial</i> the box beside it	Initial
The above details are correct and may be stored on computer as part of school records. The school may use these details to correspond with me by note, text, e-mail etc...	
I consent to the school supplying my child's details to the relevant Health Authorities where such information relates to providing dental care, immunisation and/or other health care normally provided through the school.	
In the event of my child transferring to another school I consent to the forwarding of all school records, reports and other relevant information to my child's new school.	
During your child's time in Bishop Foley School it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.	
I agree to support all school policies and in particular the School's Code of Behaviour. (Copies are available on the school website and/or from the school office)	
I have no objections to school photographs/videos which may include my child appearing in the media and/or on the school website subject to the acceptable use policy of the school.	
My child may use electronic mail and the internet for educational purposes and subject to the acceptable use policy of the school.	
I give permission for my child to go swimming and go on class trips and school tours involving his/her class.	
I will be happy to share books with my child and I will ensure that books and other school material will be brought back to school each day.	
In the case of a medical emergency I give permission for my child to be taken to hospital by ambulance if such action is required.	
I understand the school follows the Children First Child Protection Guidelines and has a responsibility to co-operate with statutory authorities in issues which may involve my child.	
My child may participate in the Stay Safe, R.S.E. and Walk Tall programmes.	

I understand that as a condition of enrolling my child in Bishop Foley School I must accept and abide by the School Code of Behaviour. I also agree to work with the school to resolve any issues relating to my child's behaviour.

Date enrolled: _____.

Signed: _____ (Parent / Guardian) Date: _____

Signed: _____ (Parent / Guardian) Date: _____