

Enrolment Form received	<input type="checkbox"/>
Additional docs requested	<input type="checkbox"/>
Additional docs received	<input type="checkbox"/>
Declined	<input type="checkbox"/>
Deferred	<input type="checkbox"/>
Withdrawn	<input type="checkbox"/>
Enrolled	<input type="checkbox"/>
Enrolment confirmation sent	<input type="checkbox"/>

ENROLMENT APPLICATION 2019/2020

- **Sections A, B and C** to be completed by all applicants
- **Section D** to be completed **ONLY IF** your child is transferring from another school or pre-school
- Please attach a **COPY** of your child's **BIRTH CERTIFICATE**
- Legal notice in relationship to **GUARDIANSHIP** should also be submitted if applicable

SECTION A: CONTACT & FAMILY DETAILS

(To be completed by all parents/guardians)

Full name	<input type="text"/>	Nationality	<input type="text"/>
known as (if different)	<input type="text"/>	Home Phone no.	<input type="text"/>
Date of Birth	<input type="text"/>	Gender	<input type="text"/>
Home address	<input type="text"/>	Mobile Phone no.s	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Eircode	<input type="text"/>		
Email	<input type="text"/>		
Religion	<input type="text"/>	Date & Place of Baptism	<input type="text"/>
Ethnicity [for POD*]	<input type="text"/> (White Irish / Irish Traveller / Roma / other White / Black African / other Black / Chinese / other Asian / Mixed)		
Place in Family	<input type="text"/>	Child's PPS no. [for POD*]	<input type="text"/>
Details of any siblings attending Newport NS	<input type="text"/>		
Details of any younger siblings, including year of birth	<input type="text"/>		
Father's Name	<input type="text"/>	Mother's Name	<input type="text"/>
Present Employment	<input type="text"/>	Present Employment	<input type="text"/>
Work Telephone no.	<input type="text"/>	Work Telephone no.	<input type="text"/>
EMERGENCY CONTACT 1 (other than parents)	EMERGENCY CONTACT 2 (other than parents)		
Name	<input type="text"/>	Name	<input type="text"/>
Description	<input type="text"/>	Description	<input type="text"/>
Phone no.	<input type="text"/>	Phone no.	<input type="text"/>

SECTION B: PERMISSIONS

(To be completed by all parents/guardians)

I give permission for the following:

(please tick ✓)

- I accept that my child's photo and/or schoolwork may be used in school newsletters, school website and local newspapers; I understand and accept the Acceptable Use policy relating to publishing children's work (available on school website) ☐
- My child's PPS no., religion and ethnicity may be entered on to the Department of Education POD database ☐
- My child may participate in standardized school tests throughout his/her school years (eg MIST, Sigma-T, Micra-T, NRIT) ☐
- The school will periodically send texts to my mobile phone regarding school events or news ☐
- I have read and agree to the code of behavior, including the wearing of school uniform ☐
- I understand and agree to the school's policy on emergency medical assistance ☐
- I understand that my child may be brought out of school for trips (eg to church, nature walks, playground) ☐
- Intimate Care – occasionally, following a trip, spill or accident, a child's clothes may need to be changed. Please tick this box if you consent to a member of staff changing your child ☐

* **POD: Pupil Online Database** – Government data (Department of Education and Skills)

SECTION C: HEALTH

(To be completed by all parents/guardians)

	YES	NO	Details
Does your child suffer from any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Does your child suffer from asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Do you have any concerns about your child's eyesight or hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Does your child suffer from any long term conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Has your child attended Speech and Language Therapy? (if YES, please include report from therapist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Has your child been assessed for any other concerns (eg dyspraxia, ADHD etc.)? (if YES, please include relevant report(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Child's doctor (name and phone no.)	<input type="text"/>		<input type="text"/>
Please feel free to give us any additional information you feel may be relevant to your child's wellbeing and/or education	<input type="text"/>		

SECTION D: PREVIOUS SCHOOL

(only needs to be completed if your child is transferring from another school or pre-school to Newport NS)

Name, address and telephone no. of previous school or pre-school	<input type="text"/>	Class Level	<input type="text"/>
		Principal's name	<input type="text"/>

Copy of Birth Certificate provided?	<input type="checkbox"/>			
Please tick this box if your child will require school bus transport	<input type="checkbox"/>			
Select bus route:	Tiernaur route <input type="checkbox"/>	Shramore route <input type="checkbox"/>	Furnace route <input type="checkbox"/>	Glenhest route <input type="checkbox"/>

Signature:	<input type="text"/>	Date:	<input type="text"/>
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