

Cromcastle Green, Kilmore West, Dublin 5. Do5 YP68

Ph: 018746709 0830450099 Email: office@scoilfhursa.ie

Application for Enrolment to Scoil Fhursa

IMPORTANT: This application must be accompanied by a birth certificate, proof of address and PPS Number. A baptism cert may be provided now and kept for sacramental preparation. The Scoil Fhursa admissions policy and enrolment policy is attached. Please detach it, read it and keep it safe. Return the application form and the relevant documents to the office. Thank you.

Date of receipt:			Received by:					
S.C.	J.I.	S.I.	1 st	2 nd	3 rd	4 th	5 th	6 th
Nationality	/:		Reli	gion:				
Child's PPS	No:							
Number of	brothers:			Ages: _				
Number of	sisters:			Ages: _				
Mother's N	lame:							
Maiden na	me:				Occupatio	on:		
Email addr	ess:							
Father's fu	ll name: _				Occupatio	on:		
Email addr	ess:							
Status [ple	ase tick]	Married		Single	Se	eparated		Other

Is there a court order relating	g to the child:	Yes	No No				
Documentation provided:		Yes	No				
Name of emergency contact	person:						
Ph: Relationship to child:							
Address:							
Name of brothers in Scoil Fh	ursa:						
Has your child attended	Early Start	Creche	Playgroup				
Medical Details: Please	give details of any his	tory of ill healt	h or allergies				
Is the administration of prese Yes No	cription medication re	quired during t	he school day?				
Name & Address of family do							
Name of previous creche/pla	ygroup/school:						
Principal:	Contact No: _						
Reports enclosed: Yes	No						
Special Educational Needs [if	applicable]:						
Special Educational Needs re	ports attached	Yes	No				
Resources approved by Dept	. of Education & Scien	ce in previous s	school [if applicable]				

Please tick the following boxes:

- □ I/We wish to enrol my/our child in Scoil Fhursa. I/We agree to uphold the schools Discipline for Learning [DFL] Code of Behaviour and to support the school in its implementation of its various school polices. I have received a copy of the DFL school policy.
- □ I/We have supplied a birth certificate.
- □ I/We have supplied a baptismal certificate.
- □ I/We have supplied a PPS number for our child.
- □ I/We give the school permission to pass on details of my/our child's name, address and date of birth to the health board, in order to facilitate immunisations/sight/hearing test that may take place in the school.
- □ I/We understand that no immunisation/sight/hearing tests will be carried out on my child without my/our prior permission.
- □ I/We give permission for relevant details to be used on the Dept. Of Education & Skills Pupil Online Database [POD].
- □ I/We also give the school permission, as and when it sees necessary, to administer all standard education tests to my/our child.
- □ I/We understand that I/we will be contacted for written consent should any psychological testing be considered necessary.
- □ I/We give my/our permission for photographs/videos to be taken in school that include my/our child [but not his name] for displays, school newsletters, school celebrations and social media. [Scoil Fhursa Facebook and FursaFilms]
- □ I/We give permission for our child to go on local class educational trips during the school day. [community hall for P.E., St. Luke's church etc.]
- □ I/We understand that a note/written permission is necessary for longer outings such as cinema trips, school tours etc.

Signed:

Parent/Guardian

Parent/Guardian

Date: