



SCOIL NAOMH FIACHRA
ILLISTRIN NS

ENROLMENT FORM
TEL. NO. (074) 9125775

Date of entry to this school _____
(Office)

Registration No.

Application for a place in Scoil Naomh Fiachra does not guarantee placement. Our Admission Policy is available on the school website: www.illistrin.town.ie

Child's First Name: _____	Child's Surname: _____	
Home Address: _____	Eircode: _____	
Email Address: _____		
Date of Birth: _____	PPSN _____	Gender (M/F) _____
Child's Nationality: _____	Date of Entry to Ireland (if applicable): _____	
Father's Name: _____		
Father's Mobile No. _____		
Mother's First Name: _____		
Mother's Maiden Name: _____		
Mother's Mobile No: _____		
TEXT-A-PARENT Mobile No. _____		
Other Name/Contact No: _____		
Father's Occupation: _____		
Mother's Occupation: _____		
Country of origin of parents: _____		
Language spoken at home: _____		
Names of siblings already attending this school: _____		
The school should be made aware of any family circumstances, including a court order, that may affect your child's welfare.		
Does any legal order under family law exist that the school should know about? Yes No		
Religion: _____	Birth Cert Received: <input type="checkbox"/>	Baptismal Cert. Received: <input type="checkbox"/>
Date of Baptism: _____	Place of Baptism: _____	
<u>Pupils transferring from another school</u>		
Class you wish to enrol your child in: _____		
Previous Primary School: _____		
Class attended in previous school: _____		
Date left previous school: _____		

Name of Playschool your child attends:

I give permission for the school to contact my child's play school: Yes No

Has your child ever had a psychological assessment? Yes No

Has your child ever received a speech and language report? Yes No

Please name any outside Agencies involved with your child ie. EIT, AIMS, Public Health:

Please name any allergies your child has:

Optional Information - Department of Education Data Base

**To which ethnic or cultural background group does your child belong?
(Please tick one) (Categories are taken from the Census of Population)**

White Irish		Irish Traveller	
Roma		Any other White Background	
Black African		Any other Black Background	
Chinese		Any other Asian Background	
Other (inc. Mixed Backgrounds)		No Consent	

What is your child's religion? (Please tick as appropriate)

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

I consent for this information 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 his/her time in primary school. For further information please go to www.education.ie

I/We accept the Code of Behaviour Policy/Procedures and the Anti-Bullying Policy/Procedures in Scoil Naomh Fiachra (available on the school website).

I/We have supplied all relevant information and reports for my/our child to enrol her/him in Scoil Naomh Fiachra.

Signed: _____

Date: _____

We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the school's Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (t/a Aladdin Schools), from where the data is only processed for the above purpose.