**Clonea Power National School**



**Clonea Power**

**Carrick on Suir**

**Co.Waterford**

 **051 646249**

**info@cloneapowerschool.ie**

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**Admission / Enrolment Form**

**Child’s Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PPS No. (Child’s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent 1 /Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­**

**Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent 2/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian mobile contact number to receive text messages from school:**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of contact if parents are unavailable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous school (if any):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years/terms attended: \_\_\_\_\_\_\_\_\_\_\_\_**

**Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Report Included Yes No**

**In case of your child, being sick or having an accident during school time, please indicate who the school should contact. (Please include telephone number where possible)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I give permission for a local doctor to attend my child in an emergency**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child any medical conditions or allergies?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child any Special Educational Needs? (Speech and Language etc.) If so please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permission and Consent**

1. Do you give permission to have your child taken straight to hospital in case of serious illness or accident, if parent/guardian cannot be contacted? Yes □ No □

2. Do you give permission for your child’s details to be given to Health Authorities if requested?

Yes □ No □

3. Do you consent to your child’s photograph been taken and used for school publicity and on the school website? Yes □ No □

4. Do you consent to your child taking part in any local walks with their teacher? Yes □ No □

5. Do you consent for your child to walk to the local GAA field for events such as PE, matches or school sports days? Yes □ No □

6. Do you agree to comply with the school’s Code of Behaviour? Yes □ No □

7. Do you consent for your child’s uniform to be changed by teacher in the presence of another adult in case of illness or toilet accident? Yes □ No □

8. Do you give consent for your child to use the internet, in accordance with the school’s Acceptable Use Policy? Yes □ No □

9. Do you give consent to the school to pass on information regarding your child’s education to the secondary schools they will be attending if the need arises? Yes □ No □

10. Do you wish your child to take part in the Stay Safe Programme? Yes □ No □

The school should be made aware of any Court Order or any change in family circumstances which affects the child’s welfare and also the name of any person into whose custody the child should not be given.

Under the National Education Welfare Board we have to report pupils who are absent 20 days or more from a school year.

Under the Children’s First guidelines and procedures if we have reasonable cause for concern for a child’s safety, or if a child makes a disclosure, we are bound to contact the HSE.

**All information is confidential and it is for school purposes only, to ensure the safety and wellbeing of your child.**

**I/We confirm that I/we am/are aware that the data relating to this application will be kept on file in the school.**

**I/We confirm that I/we have seen and read (online or received a copy) of the school’s Code of Behaviour and Admission Policy.**

**I/We agree that the pupil, if enrolled, will be subject to these codes and policies.**

**I/We agree to support the policies and practices of the school as decided by the Board of Management.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_