

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM
ALL Sections / Pages must be completed in full



Christian Brothers Primary School,
BRIGOWN, MITCHELSTOWN, CO. CORK, P67 FY81.

Roll No: 17639W

TELEPHONE: (025) 24505

E-MAIL: office@cbspmitchelstown.com

WEBSITE: www.cbspmitchelstown.com



Our School Motto: Have Courage & Be Kind

Our Vision: That through positive learning experiences, each child will be stimulated to achieve his full potential, face life confidently and respectfully, mindful of his responsibility to the wider community.

APPLICATION FOR ENROLMENT

(Formulated in reference to our Data Protection Policy - G.D.P.R.)

All information you give on this form will be treated with the strictest confidence and only used for the benefit of your child.

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Child's First Name: _____ Child's Surname: _____

Child's PPS Number: _____ Country of Birth: _____

If other than Ireland please state, date of arrival in Ireland: _____

Child's Date of Birth: _____ (D.M.Y. format) **PLEASE ATTACH ORIGINAL BIRTH CERTIFICATE /or
PASSPORT FOR IDENTIFICATION PURPOSES** (will be returned) (Not applicable for children transferring from Bunscoil Na Toirbhirte)

Date of Intended Enrolment: _____ Class Child is entering: _____

Number of children in the family: _____ Placing of child in family (1st, 2nd etc.): _____

Name and class of siblings already in the school: _____

Areas from Primary Online Database, which require your consent:

What is your Child's Religion? _____ What is your Child's Nationality? _____

To which ethnic or cultural background group does your child belong? (please tick one)

White Irish Irish Traveller Roma Any other White Background

Black or Black Irish - African Black or Black Irish - Any other Black Background

Asian or Asian Irish - Chinese Asian or Asian Irish - Any other Asian background

Other, including mixed race backgrounds

N.B.: I/We consent or I/We do not consent **(please tick as appropriate)** for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills and to other primary schools my child may transfer to during the course of their time in primary school. I/We understand this will only be commenced if my child is accepted into the school. **If you object to this information being sent to the Department, you must put this objection in a written letter and return to the school.** If you want future information on this process, please visit the Department of Education's website - The Fair Processing Notice contains information on the purpose, legal basis for data collection and retention policy of the data.

Signed: _____ Signed: _____

Mother / Legal Guardian 1

Father / Legal Guardian 2

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	Mother / Legal Guardian 1:	Father/ Legal Guardian 2:
First Name:		
Surname Name:		
Address:		
Eircode:		
Mobile Number:		
House Phone Number:		
Work Phone Number: <i>used only in emergency</i>		
E-mail address - <i>Please print in BLOCK CAPITALS</i>		
Occupation:		
Nationality:		
Level of English: (e.g. very little, some, fluent)		
Language/s spoken at home:		

With whom does the child normally reside: Name/s: _____

Mobile Number for "text-a-parent": _____ (This is the only number school will contact re. closures, announcements etc. You must inform school if this number changes)

Alternative Emergency contact details, must be supplied in case of an emergency, if the parent(s)/legal guardian(s) cannot be contacted at the time.

Give names of **3 Contacts** (*other than parents/legal guardians*) who will collect your child from school:

1st contact person if parent/legal guardian not available:

Name: _____ Phone No. _____ Relationship to your son: _____

2nd contact person if parent/legal guardian not available:

Name: _____ Phone No. _____ Relationship to your son: _____

3rd contact person if parent/legal guardian not available:

Name: _____ Phone No. _____ Relationship to your son: _____

**Please note, school can only release your child to those named.
 You must inform school if somebody else will be collecting your child.**

(N.B.: you will need to inform the school should address (es) / telephone number(s) change)

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FOR SACRAMENTS:

Child's Religion: _____ *Our school welcomes children who belong to other faiths/denominations. At time of enrolment, Parent(s)/Legal Guardian(s) are requested to liaise with Principal / Deputy Principal. Subsequently, Parent(s)/Legal Guardian(s) may meet with Class Teacher, about religious instruction.*

Child's Mother's Maiden Name: (required for Sacraments) _____

Has your child been Baptised: Yes No

Name & Address of Church of Baptism: _____

PLEASE ATTACH COPY OF BAPTISMAL CERTIFICATE. (will be returned) (Not applicable for children transferring from Bunscoil Na Toirbhirte)

PREVIOUS SCHOOL: (Please ensure to complete in full)

Name and address of previous school attended: _____

Date your child last attended previous school: _____

Class your son has been previously in: _____

Name of Principal: _____

Phone no. of previous school: _____

Are there specific areas in which your child has displayed significant abilities / interest? _____

Are there specific areas which your child finds difficult? _____

I / We give permission to the Principal / Deputy Principal, of C.B.S. Primary to discuss the needs of my / our son, with the Principal / Deputy Principal of the school listed above. Yes No

MEDICAL INFORMATION: (Separate Consent for Medical Attention Form attached)

Has your child ever been referred to a specialist / agency? Yes No

If yes, please give brief details for referral: _____

Has your child ever had any type of assessment? Yes No

If yes, please give details: _____

Please enclose copy of reports, assessments, e.g. Occupational Therapy, Speech & Language, Mental Health Services, other supports, professional reports etc.

Does your child appear to have any difficulties with the following?

Hearing: Yes
 No

Speech: Yes
 No

Vision: Yes
 No

Co-ordination: Yes
 No

Has your child any medical condition that the school should be aware of
 Yes No

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MEDICAL INFORMATION continued:

If you have answered yes to any/all of the previous questions, please give details here:

Please Tick Each Box As Applicable

- During your child's time in C.B.S. Primary, he will undergo various Standardised / Diagnostic / Educational Tests. I / We give permission for these tests to be carried out. Yes No
- Do you give permission for your child to go on school trips, under teacher supervision during the school day e.g. trips to the local town park, local historical buildings etc. Yes No
- Sometimes journalists visit our school to take pictures of the children e.g. awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, local newspapers, and school related activities? Yes No **(The Board of Management cannot be held responsible for pictures/video taken by parents at Sacraments, Celebrations, School Concert, Sports Days, etc.)**
- Please visit our school website www.cbspmitchelstown.com Do you give permission for your child's photo/work to be used on the school website? Yes No
- Sometimes the school is requested to pass on names of children and their addresses to the Health Board for immunisation purposes / dental service, to secondary schools when children are transferring to second level, to sporting bodies when children are taking part in games outside the school. Do you allow the school to pass on this information to these three bodies? Yes No
- The school teaches Relationships and Sexuality Education (RSE). Full content of sensitive areas of programme included in Policy Booklet. Are you happy that your child participates in these classes? Yes No
- The information I / We have given in this form is accurate. Yes No

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In signing this application form:

- I / We have read the Information Booklet and have read the following Policies on the school website - www.cbspmitchelstown.com; (under Policies Section - Policy Booklet) Anti-Bullying, Attendance, AUP, Child Safeguarding Statement, Code of Behaviour, Communication, Complaints Procedure, Data Protection, Enrolment, Mobile Phone, RSE.
- I am / We are aware that all school policies are available to view, by arrangement, at the school office.
- I am / We are agreeing to support the Board of Management and Staff in their implementation of school policies and to abide by same and to any agreed future amendments, going forward.
- I / We agree to support the staff in their efforts to provide a positive learning experience for all children in the school.
- I / We understand that it is a condition of enrolment that I / We abide by and accept all agreed school policies and procedures and any agreed amendments, going forward.

Parent(s) / Legal Guardian(s) signature(s):

Mother / Legal Guardian 1

Father / Legal Guardian 2

Both Parent(s) / Legal Guardian(s) must sign this form, application will not be accepted without both signatures:

IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.

PLEASE DON'T FORGET TO ATTACH: BIRTH CERTIFICATE or PASSPORT, BAPTISMAL CERTIFICATE and ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS. (If transferring from a school other than Bunscoil na Toirbhirte)

Do you wish to avail of C.B.S. Primary Specific School Bag? **Optional** (They are €20 each, we only have a limited stock, so first come, first served)

Yes

No

Do you wish to avail of C.B.S. Primary School Meals Scheme? (Information will follow at a later date)

Yes

No

(No Charge for this service)

Please ensure that you have included the following with your application:

1. **Fully completed** application form (please ensure **All** sections are completed **in full**, in BLOCK LETTERS) Yes No
2. **Completed Consent for Medical Attention Form** Yes No
3. Birth Certificate or Passport (if **not** transferring from Bunscoil na Toirbhirte) Yes No
4. Baptismal Certificate (if **not** transferring from Bunscoil na Toirbhirte) Yes No
5. Reports from previous school (where applicable, if **not** transferring from Bunscoil na Toirbhirte) Yes No
6. **Both** Parent(s) / Legal Guardian(s) have signed this form (where applicable) Yes No

Office Use Only

1. Yes No 2. Yes No 3. Yes No 4. Yes No 5. Yes No 6. Yes No

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CONSENT FOR MEDICAL ATTENTION FORM

Child's Name: _____

Child's Address: _____

Parent/Legal Guardian 1 (Mother)Name: _____ Mobile No: _____

Parent/Legal Guardian 2 (Father) Name: _____ Mobile No: _____

In the event of _____ (pupil's name) requiring medical attention, for any reason, during school or during any activities under supervision of the school, I / We consent to his referral to such doctor or hospital authority, as the school authorities shall see fit.

I / We also consent to the Doctor or Hospital Authority concerned carrying out such treatment or operative measures, as may be considered necessary, including the administration of general or other anaesthetics.

I / We understand that the school authorities will make every effort to contact me / us first.

My child is allergic to:

Medical History / Conditions, deemed necessary to inform doctors of in case of an emergency:

Are you a medical card holder:

Yes

No

Name & Address of Family Doctor:

Telephone No of Family Doctor: _____

I give my consent:

Signed: _____ Parent/Legal Guardian 1 (Mother)

Date: _____

I give my consent:

Signed: _____ Parent/Legal Guardian 2 (Father)

Date: _____

Chairperson:
Principal:
Deputy Principal:
Assistant Principal I:

Martin Kelly
Bernard O'Connell
John Weir
Miriam Clifford

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