St. Finian's National School 16461C

Application To Enrol

2027/2028

Ensure that you have read our Enrolment Policy attached with this application form.

Office Use Only	Date Rec'd	Time Rec'd	Receipt No

PLEASE COMPLETE THIS FORM AND HAND IT INTO THE OFFICE WITH ALL THE PHOTOCOPIED DOCUMENTS.

PLEASE NOTE THE SCHOOL IS UNABLE TO PROVIDE DOCUMENT COPYING OR PRINTING SERVICES. APPLICANTS MUST BRING ALL REQUIRED PHOTOCOPIES WITH THEM AT THE TIME OF SUBMISSION.

An incomplete application will be returned to you and may result in your application being late or rejected which in turn will change its priority status (see our enrolment policy attached with this application).

Today's Date: Date to Start School: Female Male

Starting in class: ***(Please tick - you can only choose one class)***

Jnr Inf	*Snr Inf*	*1st*	*2nd*	*3rd*	*4th*	*5th*	*6th*	*ASD Class*

Forename(s) as Birth Cert: Surname(s) as Birth Cert

Your preferred name for your child: PPS No.
(we cannot process the application without this number)

Date of Birth: Religion: What crèche year or class is your child currently in ***(required):***

Nationality (If dual please state both):

To which ethnic or cultural background group does your child belong (please tick one)? (Categories based on the Census of Population):

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 (inc. mixed background) ☐

I consent ☐ do not consent ☐ to the religion and ethnicity of my child being passed on to the Department of Education & Skills.

■ Religion and ethnicity/cultural background are deemed sensitive information. They can only be passed to the Department of Education with parents explicit consent.

Signed: _____ Signed: _____

Address: Eircode:

Was your child born in Ireland Yes ☐ No ☐ If no, where was your child born?

Has your child lived here since their birth? Yes ☐ No ☐ If no, how long has your child lived in Ireland?

What is your child's Parent tongue i.e. the language spoken at home?

If not English, please indicate your child's ability to speak English. Poor ☐ Good ☐ Very Good ☐ Excellent ☐

Names of siblings already in this school:

Email—can be one or both parents:
Required *(we will use this email to contact you regarding school related issues)*

Previous Creche / School Details: **Please include school reports/assessments from previous school or other agency, if applicable.**

Name & address of previous school(s) (*Note: We may contact the school or preschool in connection with your child's enrolment).*

School/Creche Name & Address:_____

School/Creche Name & Address:_____

I give permission for St. Finian's N.S. to contact any primary or pre school that my child may have attended and to obtain copies of teachers' records, class notes, academic records, psychological reports and other records necessary for my child's educational /emotional welfare and for aiding her/his transition to primary / post-primary. I here-by give the previous school or preschool my consent and do instruct and direct my child's previous school/crèche to release these documents to St. Finian's N.S. Roll No 16461C.

Signed:_____ Signed: _____ Date: ___ / ___ / ___

Parent / Guardian / Foster Parent Parent / Guardian / Foster Parent

Parent's Name:	Parent's Name:
Please indicate status i.e. Mother ☐ Father ☐ Step Mother ☐ Step Father ☐ Foster Mother ☐ Foster Father ☐ Other: Please specify_____	**Please indicate status i.e.** Mother ☐ Father ☐ Step Mother ☐ Step Father ☐ Foster Mother ☐ Foster Father ☐ Other: Please specify_____

What is the current status of the parent(s) or guardian(s): Please tick the appropriate box(s):

Married ☐ Married but separated ☐ Divorced ☐ Single Parent ☐ Widowed parent ☐ Foster parent ☐ Co-habiting ☐

Parental Communication & Legal Name Policy

- Communication & Parental Responsibility: The school is legally permitted to communicate and discuss a child only with the parent(s) named on the child's birth certificate. Step-parents, foster parents, or guardians must provide official legal documentation confirming legal authority or guardianship before the school can communicate with them or accept event and tour permissions from them.
- Child's Registered Name: Children will be registered under the official surname listed on their birth certificate. Any subsequent change to a child's registered surname requires official legal documentation to be submitted to the school before the record can be updated.

I confirm that I have read and understand the policy above; _____ _____

Parent's nationality:	Parent's nationality:
Phone No: *We will use this number to send texts from school and your signature below indicates your consent and understanding of this.* Signature: _____	Phone No: *We will use this number to send texts from school and your signature below indicates your consent and understanding of this.* Signature: _____

Important: Please note that you **MUST** provide information for both parents mentioned on the birth certificate. If there is a judgement under Family Law regarding guardianship/custody etc, you must provide a copy of said document to the school. We are unable to process any application unless we have both parents information (unless sole guardianship or otherwise is declared on this form) and your application will be returned to you as incomplete.

Is there a judgement under Family Law of which the school should be aware? | Yes | No | | | If yes, please supply details and you must provide the school with a copy of any such order/arrangement.

If the status of a child's parents changes (i.e. divorce / separation etc.) at any stage during their time with us, it is very important to inform the school.

Doctor's Details

Name & address of Clinic and Doctor: _____

Telephone Number: _____

Does your child have any medical condition or allergy which may affect her/him at school, please give details below | Yes | No | | | **Failure to disclose important information, will deem this application invalid.**

_____

_____

Please arrange a meeting with the class teacher if you feel any clarification is needed in relation to your child's medical condition / allergy.

Special/Complex Needs—failure to divulge any special and or/additional needs of your child will deem this application invalid.

Does your child have a special and/or additional complex need? | Yes | No | | | If yes, please give details e.g. does your child attend or has your child been assessed by an occupational therapist / speech therapist / early intervention services / educational psychologies etc. If yes please enclose a copy of report. Failure to disclose important information, will deem this application invalid.

_____

_____

Person authorised by you to be contacted in case of emergency **other than parents**, if you are unavailable & whose number we will use for school related purposes only:		
Name:	Phone No:	Relationship to the child:
Name:	Phone No:	Relationship to the child:

Please indicate name and address of person(s) to whom correspondence is to be sent regarding educational progress of the student, i.e. end of year report cards, parent/ teacher meetings etc., **if different from the address already provided.**

Consent

All consents cover the entire period of your child's enrolment in St.Finian's N.S., Newcastle, Co. Dublin. Your consent may be withdrawn at any time. This form may only be completed for the child to which the application refers.

School Ethos

We are a Catholic school under the patronage of the Archbishop of Dublin. The parish office requests basic contact information of all pupils from the school for administrative purposes. Also, your signature below indicates that you understand and are willing to make alternative arrangements for your child if you do not want them to be involved in any religious activities during school hours and that you agree to the basic information being passed on to the parish office.

Consent	Do Not Consent

Signed:_____ Signed: _____

Parent Parent

I consent for information supplied to be verified, if deemed necessary, by the Board of Management to establish the accuracy of the information provided on our child on this application form.

Signed:_____ Signed: _____

Parent Parent

Consent	Do Not Consent

Our child may leave the classroom/school premises for the purposes outlined within the policy which include:

Curriculum *(Football Match/Swimming. etc. Supervised.)*
Trips outside school on foot e.g. to Astro Park in Newcastle or for curriculum purposes. *(Nature Walk. Supervised)*
Trips outside school on bus, for curriculum purposes, whereby pupils leave and return within normal school time. *(Supervised)*

Consent	Do Not Consent

Signed:_____ Signed: _____

Do you give permission for your child's clothing to be changed in the presence of 2 adults in the event of illness or toilet accidents?

Yes	No

Signed:_____ Signed: _____

Parent Parent

Do you grant permission for your child's details to be passed to the HSE and Flu Vaccination team, if they request names, address, DOB, parents/guardian contact no's, etc when carrying out immunisations, hearing, sight, flu vaccinations and dental examinations?

Yes	No

Signed:_____ Signed: _____

Parent Parent

We use digital portfolios for example, Seesaw/Google Classroom from time to time, to delivery online learning. These platforms allow pupils to store their work in an online space and gain feedback from their teacher. It can be used on a computer/tablet/laptop. It effectively enables teachers to set tasks or assignments and include instructions or templates for students to use at home. There may be other online platforms used but you will be advised by the class teacher at the time.

Yes	No

Signed:_____ Signed: _____

Parent Parent

It is the responsibility of parents/guardians to notify the school of any food allergies your child may have.

Yes	No

Signed:_____ Signed: _____

Parent Parent

Consent continued over.....

All consents cover the entire period of your child's enrolment in St.Finian's N.S., Newcastle, Co. Dublin. Your consent may be withdrawn at any time in writing. This form may only be completed for the child to which the application refers.

Video/Photographs

I hereby give my permission for my child to be photographed or video recorded, while in school and only under the supervision of a member of school staff for curriculum purposes. Photographs are for publication in the **school newsletter and displays inside the school**. The school maintains a database of photographs / videos of school events held over the years. It has become customary to take photos / videos of students engaged in activities and events in the interest of creating a pictorial as well as an historical record of life at the school. *(Parents / Guardians should be aware that CCTV operates in the school for security and child protection reasons only for which consent is not required by the Board of Management. Recordings are totally confidential and automatically deleted after 28 days. CCTV images may be given to the Garda Síochána upon request. Also PLEASE NOTE: The Board of Management cannot be held responsible for pictures/ videos taken by parents at school events).*

Consent	Do Not Consent

Signed:_____ Signed: _____

I also hereby give my permission for my child to be photographed or video recorded, while in school and only under the supervision of a member of school staff for curriculum purposes for the **school website**. I understand that a separate consent will be requested of me for the taking of photographs/videos of my child for any purpose not sanctioned by the Principal for curricular reasons. Your consent will be valid for the duration of your child's time in St. Finian's school. If you do not wish your child to appear in videos for the school's website, the onus is on you to inform the school in writing.

Consent	Do Not Consent

Signed:_____ Signed: _____

Mobile Phones

Mobile phones or other electronic devices are forbidden on the school premises. Non compliance with any of these procedures is a serious breach of our policy and could result in the matter being brought before the Board of Management and/or in your child being suspended and your signature below indicates your acceptance and understanding of this.

Signed:_____ Signed: _____

POD (Primary Online Database)

The information provided on this 'Application To Enrol will be uploaded to the Department of Education's online database of primary pupils (POD), as a requirement by the Department of Education and you signature below indicates your acceptance and understanding of this.

Signed:_____ Signed: _____

In the interest of providing the best education for all students, it is school policy to restructure year groups at regular intervals. As part of our SPHE programme, pupils from 4th to 6th class will be called on to assist the children in An Caisleán from time to time. This will be organised between the class teachers.

Signed:_____ Signed: _____

A COPY ONLY OF YOUR CHILD'S BIRTH CERT AND A UTILITY BILL IF LIVING IN NEWCASTLE, MUST BE PROVIDED WITH THIS APPLICATION, TOGETHER WITH ALL SCHOOL REPORTS / ASSESSMENTS FOR YOUR CHILD. DO NOT SEND IN ANY ORIGINAL DOCUMENTS. Failure to supply authentic and genuine items of documentation requested for submission by the Enrolment Deadline Date will deem the application invalid and your application will be refused. YOUR SIGNATURE BELOW INDCIATES YOUR UNDERSTANDING OF THIS. Tick here ☐ to indicate that you have read and understood this paragraph.

THIS FORM MUST BE SIGNED (IF APPLICABLE) BY BOTH PARENTS / GUARDIANS / FOSTER PARENTS & ALL INFORMATION WILL BE TREATED IN THE STRICTEST OF CONFIDENCE. ONLY RETURN THIS FORM TO GER OR DEBBIT OUR SECRETARIES OR MR. LOFTUS OUR PRINCIPAL & ENSURE THAT YOU GET A RECEIPT (Junior Infants Only). Tick here ☐ to indicate your understanding of this.

I have read the Consent Section on this Form for St. Finian's NS and understand that I am consenting for my child to leave the school for curriculum purposes (see above) and for the details supplied on our application to be verified by the Board of Management, if deemed necessary. Tick here ☐ to indicate that you have read & understood this paragraph.

I have read the POD Consent section of this form for St. Finian's NS and understand that I am consenting for the use of my child's data as outlined in the items described in this consent section. Tick here ☐ to indicate that you have read & understood this paragraph.

Tick here ☐ to indicate that you read the Enrolment Policy and the Code of Behaviour nclosed with this application form and agree to be bound by it's content. All information provided will be held electronically and manually and held under strict data protection procedures.

Signed:_____ Signed: _____ Date: ___ / ___ / ___

Parent / Guardian / Foster Parent Parent / Guardian / Foster Parent

St. Finian's N.S.

Roll No 16461C

Newcastle Lyons
Co. Dublin
Phone: 01 4580114
Email: info@stfiniansprimaryschool.ie
Web Site: www.stfiniansprimaryschool.ie

Dear Parent/Guardian

As part of our Health and Safety Policy, we are keeping medical files for all children enrolled in our school who have **diagnosed medical issues**. We would appreciate if you could provide the school with the necessary information to enable us to implement this procedure. This will ensure that all staff would be aware of the necessary steps to follow in caring for your child, should the need ever arise.

DO NOT SEND THIS FORM BACK IF YOUR CHILD DOES NOT HAVE A DIAGNOSED MEDICAL CONDITION.

Child's Name:	Class:	Teacher:

We are requesting answers to the following questions:

Has your child any **medically diagnosed** condition, e.g. asthma, allergies, blood disorder, hear/lung problems, hearing/eyesight issues, diabetes, etc? Please continue on the back of this form if more space is needed.

_____

_____

_____

Is your child currently on any medication/inhalers? Please specify **drug** and **dosage**:

Name of Drug	Dosage

Are there any immediate steps the school will need to follow in the event that the above **known** medical illness your child suffers from occurs? Please continue on the back of this form if more space is needed.

_____

_____

_____

I hereby give permission to St. Finian's N.S. for my child's photo to be kept in the First Aid Box which is brought to the yards at break times and also to be displayed in the staff room. This will ensure that staff can easily identify a child with medical needs should the need arise. Please tick this box to confirm your agreement and understanding of this. ☐

_____ _____

Parent Parent

This form must be signed by both parents, if applicable. Date: / /

St. Finian's N.S. Newcastle, Co. Dublin, Roll No. 16461C

Please print this page separately as it will be passed to our Support team for their files.

Child's Name: _____ DOB: __ / __ / __ Date: __ /__ /__

The following permissions are sought to enable our Support Team (academic/social /emotional /behavioural needs) to carry out the necessary tests should the class teacher or the team deem it necessary for your child. If after testing, it is determined that your child needs support, you will be contacted by a member of the team and any questions you may have will be addressed at that stage. This permission will be valid from Junior Infants through to 6th class and your signature below indicates your understanding and acceptance of same.

Do you give permission for diagnostic tests, which will enable us to assess your child for Support, should we deem it necessary?

Yes	No

Signed:_____ Signed: _____

Mother Father

I understand that this consent will be valid from Junior Infants through to 6th class at St. Finian's N.S. please tick ☐

Do you give permission for Support to be provided for your child should the need and opportunity arise?

Yes	No

Signed:_____ Signed: _____

Mother Father

I understand that this consent will be valid from Junior Infants through to 6th class at St. Finian's N.S. please tick ☐

This document must be signed by both parents (where applicable).