

ENROLMENT/REGISTRATION FORM (kns1)

NAME OF CHILD: _____

Surname

First Name

DATE OF BIRTH: _____ CHILD'S PPS NO: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

HOME ADDRESS: _____

TEL NO'S: _____

HOME

MOB: MOTHER

MOB: FATHER

PARENT'S OCCUPATIONS: _____

FORMER SCHOOL/PLAYSCHOOL (IF ANY): _____

RELIGIOUS DENOMINATION: _____

DATE AND PLACE OF BAPTISM: _____

IRISH VERSION OF CHILD'S NAME: _____

NAME OF FAMILY GP: _____ TEL NO: _____

DETAILS OF PERSONS TO BE CONTACTED IF THE CHILD IS

ILL AT SCHOOL: 1. NAME: _____ TEL NO: _____

2. _____ 3. _____
NAME TEL NO NAME TEL NO

***NB* SHOULD ANY OF THESE NUMBERS CHANGE DURING THE SCHOOL YEAR PLEASE INFORM THE SCHOOL IMMEDIATELY.**

IN THE EVENT OF AN EMERGENCY (IF WE CANNOT CONTACT YOU), DO YOU GIVE PERMISSION TO THE SCHOOL TO BRING YOUR CHILD FOR MEDICAL ATTENTION TO A GP OR HOSPITAL YES: ___/ NO: ___

***NB: IF REGISTERING FOR THE FIRST TIME PLEASE ATTACH A BIRTH CERTIFICATE**

(PTO)

ANY OTHER USEFUL INFORMATION:

DOES ANY LEGAL ORDER UNDER FAMILY LAW EXIST THAT THE SCHOOL SHOULD KNOW ABOUT? THE SCHOOL SHOULD BE MADE AWARE OF ANY COURT ORDER WHICH AFFECTS THE CHILD'S WELFARE AND ALSO THE NAME OF ANY PERSON INTO WHOSE CUSTODY THE CHILD **SHOULD NOT** BE GIVEN:

DOES YOUR CHILD SUFFER FROM ANY HEALTH PROBLEMS, ALLERGIES, EPILEPSY, BREATHING, HEARING, SPEECH, FAINTING PROBLEMS?

DOES YOUR CHILD HAVE SPECIAL/ EDUCATIONAL NEEDS? :

ANY OTHER RELEVANT INFORMATION WHICH WILL HELP US TO ENHANCE YOUR CHILD'S SCHOOL ENVIRONMENT? :

WE HAVE RECEIVED AND READ A COPY OF THE 'INFORMATION & POLICIES BOOKLET FOR KILTIERNAN NATIONAL SCHOOL'. (A COPY OF ANY INFORMATION/POLICY IS AVAILABLE FROM THE PRINCIPAL IF REQUIRED). WE WILL CO-OPERATE WITH THE STAFF IN THE IMPLEMENTATION OF SCHOOL POLICIES AND SUPPORT THE ETHOS OF KILTIERNAN NATIONAL SCHOOL.

SIGNED: _____ PARENT/GUARDIAN DATE: _____

SIGNED: _____ PARENT/GUARDIAN DATE: _____

CONSENT FORMS

(kns2)

PLEASE TICK APPROPRIATE BOX AND SIGN FORMS ACCORDINGLY AND RETURN WITH ENROLMENT FORM. (APPENDIX 1 – 6).

APPENDIX 1:

CHILD ABUSE PREVENTION PROGRAMME

I WISH MY CHILD/CHILDREN TO TAKE PART IN THE SAFETY SKILLS/ RSE PROGRAMMES . YES _____

I DO NOT WISH MY CHILD/CHILDREN TO TAKE PART IN THE SAFETY SKILLS/RSE PROGRAMMES. NO _____

APPENDIX 2:

DIAGNOSTIC/EDUCATIONAL TESTS

DURING YOUR CHILD’S TIME IN OUR SCHOOL HE/SHE WILL UNDERGO VARIOUS DIAGNOSTIC/EDUCATIONAL TESTS. YOUR CONSENT IS NECESSARY TO CARRY OUT THESE TESTS.

I WISH MY CHILD/CHILDREN TO UNDERGO DIAGNOSTIC/EDUCATIONAL TESTS AT K.N.S. YES _____

I DO NOT WISH MY CHILD /CHILDREN TO UNDERGO DIAGNOSTIC/EDUCATIONAL TESTS AT K.N.S. NO _____

PTO

APPENDIX 3:

DISCIPLINE/BULLYING POLICY

WE THE PARENTS/GUARDIANS OF (NAME/S OF CHILD/CHILDREN): _____
HAVE RECEIVED, READ AND UNDERSTAND THE CODES OF DISCIPLINE/BULLYING FOR KILTERNAN NATIONAL SCHOOL. WE AGREE TO ABIDE BY THIS CODE AND WILL WORK IN CO-OPERATION WITH THE STAFF TO ENSURE OUR CHILD UNDERSTANDS AND KEEPS THE CODES.

APPENDIX 4:

RELIGIOUS INSTRUCTION

KILTIERNAN NATIONAL SCHOOL IS A CATHOLIC SCHOOL WHOSE PLAN IS UNDERPINNED BY IT'S CATHOLIC ETHOS. OUR AIM IS TO PROVIDE A SAFE, HAPPY LEARNING ENVIRONMENT WHERE CHILDREN'S EMOTIONAL, PSYCHOLOGICAL, PHYSICAL AND MORAL DEVELOPMENT IS CATERED FOR IN ADDITION TO THEIR ACADEMIC PROGRESS. THE SCHOOL PROMOTES AND EXPECTS FROM IT'S PUPILS, A TOLERANCE OF DIFFERENT RELIGIOUS BELIEFS, AND OF THOSE WITH NO RELIGIOUS BELIEFS.

I **WISH** MY CHILD/CHILDREN (NAMES): _____
TO BE INSTRUCTED IN THE CATHOLIC FAITH.

I UNDERSTAND THAT KILTIERNAN NATIONAL SCHOOL IS A CATHOLIC SCHOOL AND WISH MY CHILD TO BE TAUGHT IN THE CATHOLIC FAITH.

I **DO NOT WISH** MY CHILD/CHILDREN (NAMES): _____
TO BE INSTRUCTED IN THE CATHOLIC FAITH. **HOWEVER**, GIVEN THE LACK OF SUPERVISORIAL RESOURCES IN A SCHOOL OUR SIZE, IT WILL NOT BE POSSIBLE FOR YOUR CHILD TO BE OUTSIDE THE CLASSROOM DURING THESE LESSONS.

SIGNED: _____

DATE: _____

SIGNED: _____

DATE: _____

APPENDIX 5

KILTIERNAN SCHOOL AIM TO PROVIDE VARIED EDUCATIONAL OPPORTUNITIES WHICH OCCASIONALLY MAY RESULT IN FIELD TRIPS/TOURS.

IF YOU **DO NOT WISH** YOUR CHILD TO ATTEND THESE TRIPS OUTSIDE THE SCHOOL PLEASE SIGN BELOW.

SIGNED _____

APPENDIX 6

IF YOU **DO NOT WISH** YOUR CHILD TO BE PHOTOGRAPHED FOR DISPLAY PURPOSES/PUBLICATIONS PLEASE SIGN BELOW

SIGNED _____

